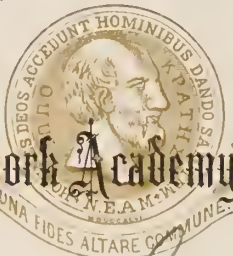


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The seal of the New York Academy of Medicine is circular, featuring a profile of a man facing right. The Latin inscription around the border reads "S DEOS ACCEDUNT HOMINIBUS DANDO SA" at the top and "UNA FIDES ALTARE COMMUNE" at the bottom. In the center, below the profile, it says "N. Y. A. M. 1847".
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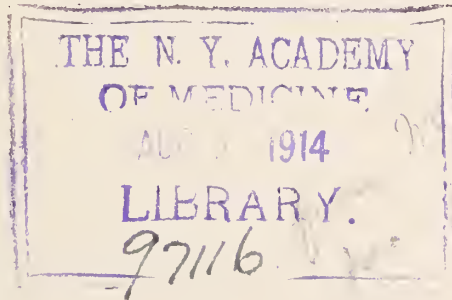
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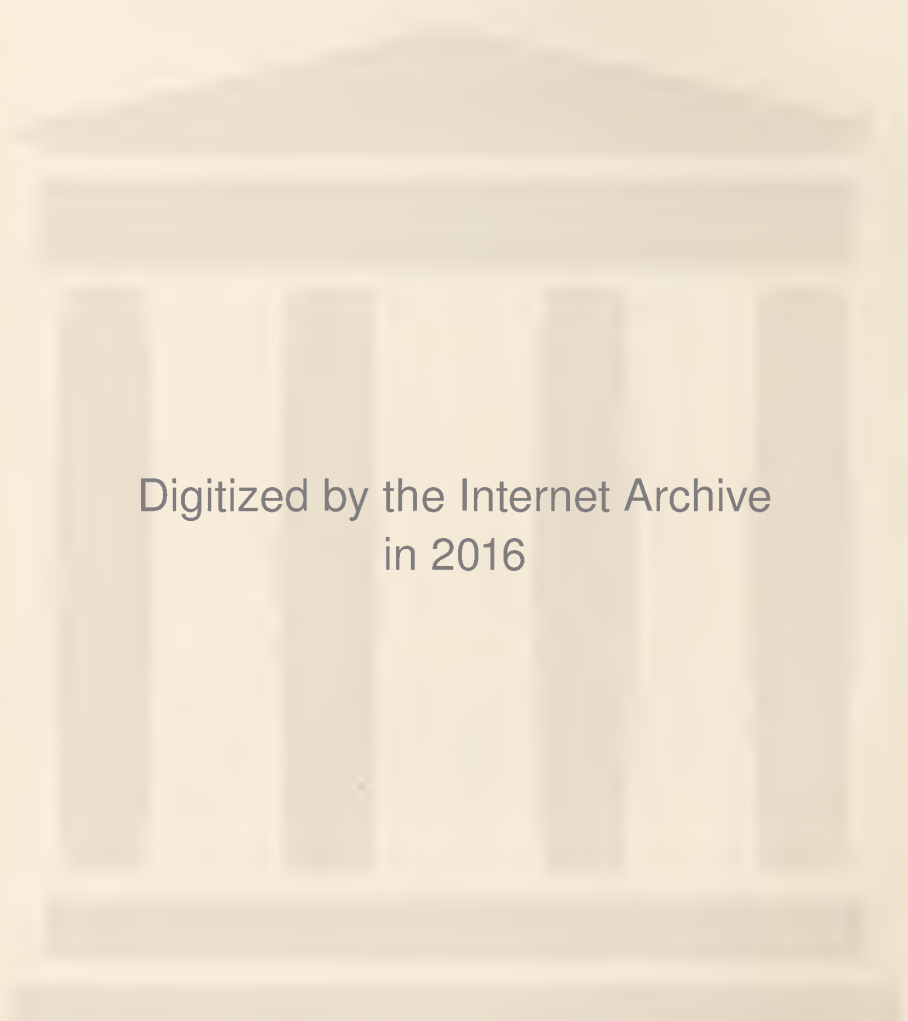
Vol. VI

July 1913 — June 1914



BALTIMORE

1914



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OF THE

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OWNED, CONTROLLED AND PUBLISHED BY THE ABOVE-NAMED STATE MEDICAL SOCIETY SOLELY IN THE INTEREST OF THE MEDICAL PROFESSION

Vol. VI

JULY, 1913

No. 1

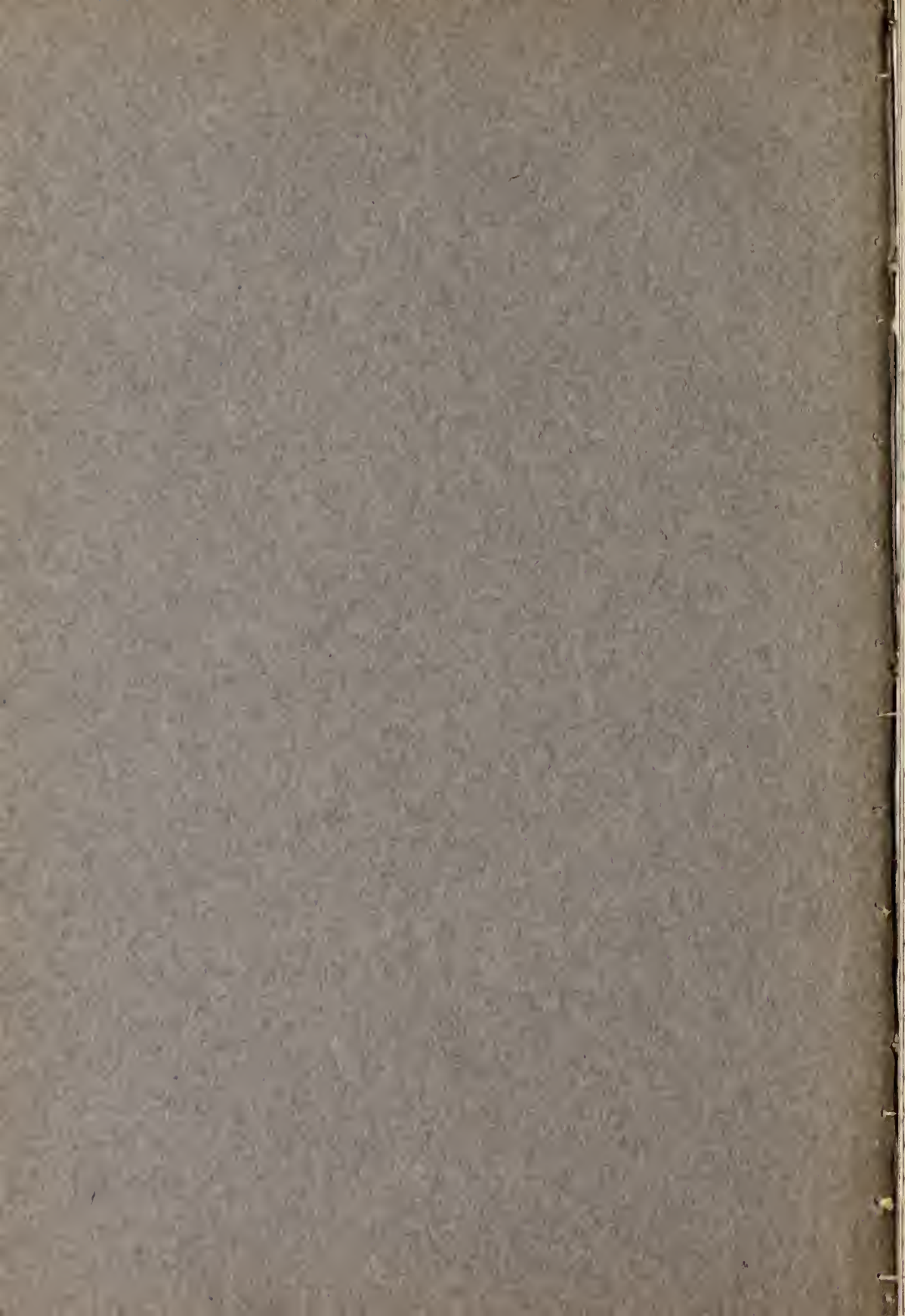
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Component Societies of the Faculty, with a list of their officers and times of meeting

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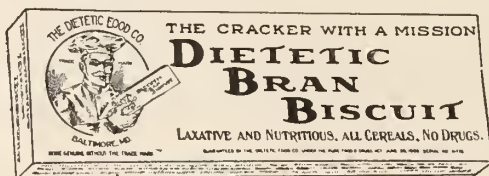
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Vol. VI

BALTIMORE, JULY, 1913

No. 1

ISAAC RIDGEWAY TRIMBLE LECTURESHIP.

LECTURE II.

THE LOCAL SPECIFIC TREATMENT OF CERTAIN INFECTIONS.

BY DR. SIMON FLEXNER,

Director, The Rockefeller Institute, New York.

I propose to lay before you in this lecture the results already obtained by the method of local specific treatment of infection. They are derived partly from experiment and partly from experience with human cases of disease, and they relate chiefly but not exclusively to the infections of the membranes of the central nervous system which have formed the starting point of the studies upon which the method has come to rest. But it may be said that the employment of the method is not limited to the cerebro-spinal cavity, although the full extent of its application has still to be worked out (1).

The reasons are perhaps obvious for utilizing the infections of the meninges as the points of first departure. The method was originally conceived and put first into experimental and then into clinical practice during the early period of the epidemic of meningitis which visited this country about ten years ago (2). The general adoption somewhat earlier of the device of lumbar puncture had exposed the meninges in a particularly favorable

way to the inspection of pathological conditions affecting them. By the same means it was rendered possible to produce experimentally in monkeys local infections of the meninges reproducing the corresponding inflammations occurring in human beings which could now be followed closely in process of evolution and even devolution. It is now an old story that by injecting living, virulent meningococci subdurally in monkeys a fatal acute meningitis is produced; and it is also well known that while the course of this experimental infection is not influenced by intravenous injections of an antimeningococcus serum, it was capable of being arrested and brought under control by direct intraspinal injections.

It is unnecessary to present to you statistical and other data in order to support the contention that the antimeningococcus serum influences favorably the course of epidemic meningitis. The accumulated experience of the past six years, during which its employment has grown in volume and extent until now it is in regular use in practically all countries, has demonstrated its value and made necessary a revision of certain notions concerning its action (3).

Formerly no fundamental biological distinctions were made between meningococci; now differences in power of resistance to solution by immune serum are being recognized. Under the influence of the serum injected into the subarachnoid space the diplococci come, as a rule, to lie more and more within the leucocytes; and as recovery from meningitis progresses, even where no antiserum has been employed, a corresponding phenomenon is noted. But indications exist that certain examples of epidemic meningitis in man which respond imperfectly to the therapeutic action of the serum are caused by meningococci resistant or fast to the antiserum employed. These strains tend to remain persistently extracellular and to multiply freely in the presence of the antiserum, even under conditions of its high concentration in the meninges. The case of human infection with the supposedly resistant strains fail not only to respond to the therapeutic action of the antiserum but can be inferred also not to ameliorate spontaneously, and thus tend to a fatal termination.

Fastness seems to be capable also of appearing during the specific treatment, since in some instances the meningococci having been at first readily controlled by the injections develop resistance to the serum. This has been noted in certain cases of relapse going on to a fatal termination. Hence under special circumstances the meningococci seem to acquire a serum-fastness that thwarts its specific action. The original fast strain is of uncommon, and acquired fastness at most of occasional occurrence. It is not known whether merely one strain or many fast strains distinct from one another exist in nature. Information on this point is highly desirable as is the utilization of fast strains of the meningococcus in the

preparation of the antimeningitis serum. Should a true polyvalent serum of high titre carrying immune bodies for the fast strains be developed it is probable that the mortality percentages from meningitis would come to be depressed still further.

Although at first regarded as doubtful it now appears that fulminant cases of meningitis are not wholly without the sphere of beneficial influence of the serum. This conclusion rests, first, upon specific statements of recovery of such cases under the influence of the serum and, next, upon the change wrought by it in the mortality of the disease during the first three days of prevalence which is the period during which the fulminant cases terminate in death.

The age factor affects the outcome of the specific treatment just as it affects spontaneous recovery from meningitis, only its influence is even more marked in the serum-treated cases. The most favorable cases for the specific treatment fall between the five and twenty year period, and the least favorable ones fall in the period above thirty years. The exact coincidence of the favorable ages for spontaneous recovery and for recovery under the serum treatment indicates that the serum provides artificially the means the body itself employs, when it can fabricate them, to suppress the infection, and that two factors, one provided by the body and the other by the serum, coöperate in the end result; while the greater number of cases terminating by crisis under specific treatment enforces the same conclusion.

The extension of the practice of lumbar puncture as an aid to the diagnosis of meningitis is serving to reveal the important fact that the influenza bacillus is a not infrequent cause of severe and usually fatal sero-purulent cerebro-spinal meningitis. The first observation on influenza bacillus meningitis was recorded in 1892, and Wollstein (4) has recently collected from the literature fifty authentic cases, supported by bacteriological investigation. Among this series of instances, which probably gives no adequate notion of the extent of the disease, the recoveries recorded, if fairly representative, indicate a fatality of more than 90 per cent, or one exceeded only by the tuberculous and pneumococcal infections of the meninges. Among the eight cases that came under Wollstein's attention, there was no survival. This affection, like the acute meningeal inflammations in general, is more prevalent among children than among adults.

Influenzal meningitis is associated in many if not in all instances with influenza bacillary infection of the respiratory tract which, at certain seasons, becomes exceedingly frequent in children. The effects of the infection are various and commonly consist of a persistent bronchitis or the more severe broncho-pneumonia. The bacilli can be cultivated from the bronchial mucus and, as thus obtained, possess, as a rule, but low vir-

ulence for laboratory animals. In these patients the influenza bacilli do not appear in the circulating blood. When the meninges are invaded an acute inflammation is produced and the bacilli in the cerebro-spinal fluid now show marked virulence for laboratory animals and they often appear and multiply within the circulating blood.

The cerebro-spinal fluid, removed by lumbar puncture, from human patients is always turbid and deposits on standing a yellowish or whitish sediment, the supernatant fluid remaining nevertheless somewhat clouded. As the disease advances, day by day, the fluid becomes more heavily charged with pus cells until toward the end, and as late as the seventh day of illness, the puncture may yield merely a viscid mass of purulent matter. The number of influenza bacilli present in the fluid is usually large; and the bacilli lie chiefly extracellular among the pus cells although a variable, but small number, is usually found ingested by the leucocytes. In morphology the bacilli vary somewhat and in this respect the observer may readily be deceived as to the nature of the bacteria present. While some of the fluids contain the typical, minute rods, others show quite irregular and knobbed or even filamentous bacteria that have little resemblance to the influenza bacillus as seen in recent cultivations. But these bizarre or involuntary forms are met with in old and exhausted cultures; and when they are recultivated on a suitable hemoglobin medium, they yield the typical minute rods.

The cerebro-spinal fluid removed, by lumbar puncture, from monkeys, inoculated by subdural injection with virulent cultures of the influenza bacillus, is at first turbid, then purulent, and contains a large number of the bacilli, also chiefly extracellular. The bacilli regularly invade the general blood from this source from which they can be cultivated during life and after death. The average duration of life of the inoculated monkeys varies from thirty-six hours to several days, but, on the whole, is less than in human cases of influenzal meningitis that may survive only three or four days or endure two or more weeks. At autopsy a purulent exudate covers the surfaces of the brain and spinal cord which is more delicate in the case of the experimental than of the spontaneous disease. The fluid in the lateral ventricles tends to be turbid; and from both sources numerous bacilli can be cultivated.

Hence it appears that in all essential points the experimental approximates closely spontaneous influenzal meningitis. This fact once established, the question which immediately presented itself was whether the experimental affection could be controlled by means of a specific serum that was introduced directly into the seat of disease by intraspinal injection. By means of ordinary methods first a goat and then a horse was immunized to the bacilli. It was ascertained that the normal blood

contained neither agglutinin nor opsonin for the influenza bacillus. The first cultures injected subcutaneously were non-virulent strains which failed to give rise to immunity principles. When virulent strains were substituted, agglutinins and opsonins began to appear. After several months' treatment they reached a considerable level, the opsonin always exceeding in quantity the agglutinin produced. The serum lacked bacteriolytic properties. At this juncture it was tested therapeutically (5).

The serum injections were made at various periods after the inoculation of monkeys, which consisted in the injection of virulent cultures, in a previously ascertained fatal dose, into the membranes by lumbar puncture. The earliest period at which the serum was injected was five hours and the latest twenty-four hours after the inoculation. The bacilli had multiplied extensively and leucocytes and lymph had appeared in the cerebro-spinal liquid. The bacilli were predominatingly extracellular. Two, three or four cubic centimeters of liquid were drawn off and replaced by the serum. According to the symptoms presented the injection of the serum was repeated after twelve to twenty-four hours. Usually three or four injections sufficed to arrest the multiplication of the bacilli and to control the inflammation. The first evidences of favorable action on the part of the serum consist in a beginning increased ingestion of the bacilli by the phagocytes and, as shown by diminishing turbidity of the fluid withdrawn by the puncture, of retardation of the course of the inflammation. The symptoms disappeared more slowly than the evidences of infection. With each succeeding injection of the serum the local conditions in the membranes improved: the fluid withdrawn was clear, contained fewer bacilli and those present were chiefly inside phagocytes; while the colonies developing in cultures were also diminished. But the pus cells might disappear before the last bacilli since the perfectly limpid cerebro-spinal liquid, taken from what appeared to be well animals, still yielded the bacilli in some instances. Ultimately they also disappeared entirely.

Let us now follow the events taking place in the bloodstream. The virulent bacilli pass quickly from the meninges into the blood where they multiply. It is patent that unless the bacteremia can be suppressed it would be futile to base hopes of success upon the control alone of the meningeal inflammation. I have alluded to the fact that infection of the meninges in children with influenza bacilli follows, usually, upon a previous infection of the respiratory organs. Now, it appeared in the course of the earlier control experiments, that in the monkey, the reverse effects may take place. That is, the bacilli brought by the blood to the lungs sometimes set up pneumonic inflammation there. It is necessary, therefore, to consider the consequences of the bacteremia upon the local treatment of the meningeal infection. Fortunately, the difficulties surrounding the

passage of the antiserum from the blood into the cerebro-spinal liquid are directly contrasted with the ease with which the antiserum escapes from the meninges into blood. This discrepancy is explained by the fact that while the fluid on entry is in the nature of a secretion from the choroid plexus, the escape is by way of the veins in the membranes themselves. While, therefore, it is impracticable to bring the antiserum into the meninges from the blood, the reverse result is readily accomplished. And thus it happens that in such secondary infections of the circulation with bacteria as we are here considering, the suppression of the primary focus of infection not only stops the eruption of the bacilli, which is the cause of the blood infection, but the passage of the antiserum from the membranes into the blood arrests their development there.

The experimental results are obviously the beginning, merely, of the attack upon the problems of the specific therapy of influenzal meningitis, and they will come to have merely theoretic or the far more important practical interest, according as they are in some degree applicable to the infection in human beings. At the outset it should be recognized that very often influenzal meningitis is a secondary process that follows upon a previous infection usually situated in the respiratory tract. Experience only can answer the question whether the control of the meningeal infection will suffice to save life in view of the influenzal lesions elsewhere present, and whether these also are favorably affected by the serum. The anti-influenzal serum is just now being issued for use in man. It has been applied too few times in the treatment of influenzal meningitis to warrant any deduction but one, namely that under its influence the bacilli in the cerebro-spinal liquid diminish in number and are taken up more freely by phagocytes.

Pneumococcal meningitis, having also been opened up to experimental investigation, may be considered somewhat in the same manner. Meningitis is caused by the pneumococcus more frequently than by the influenza bacillus and its mortality is certainly no less than in the latter disease. The two affections resemble each other in being secondary rather than primary infections. The pneumococcus infection follows upon pneumonia, inflammations of serous membranes, and infections of the naso-pharynx, internal ear and mastoid cells. In other words, the pneumococcus penetrates directly to the cerebral membranes from an adjacent structure or is brought to them indirectly by the blood.

When a virulent culture of the pneumococcus is injected into the meninges of monkeys an acute meningitis results that presents the chief clinical and pathological characters of the disease as it appears in man (6). It corresponds with the spontaneous disease further in ending with rare exceptions in death. While the course of the experimental affection appears to

be the same, irrespective of whether the pneumococci are injected into the meninges of the brain or spinal cord, therapeutic tests have shown that the infection following upon the former is far more difficult to control than that resulting from the latter. It is probable that in man, also, the early injury inflicted on the brain by the pneumococcus entering directly the cerebral meninges diminishes the chance of recovery.

Many attempts have been made unsuccessfully in the past to control pneumococcus meningitis by indirect and even by direct injections of an antipneumococcus serum (7). It is quite impossible to tell from the rare recoveries whether anything of value was accomplished by the treatment. The case with the experimental disease is quite different. Rhesus monkeys can be made to develop regularly a fatal form of meningitis through subdural inoculation in the lumbar region of a suitably virulent culture of the pneumococcus. The inoculation is followed by an incubation period of several hours after which the animal gradually falls ill. The symptoms intensify and death results in twenty-four to seventy-two hours after the inoculation.

The subdural injection of antipneumococcus serum may produce no effect whatever or may delay somewhat the fatal result; it does not prevent it. Whether any or no action whatever is exerted by the serum depends not on the stage of the disease as much as on the particular quality of the serum employed. I alluded in the previous lecture to the fact that the pneumococcus is one of the parasitic micro-organisms that flourishes in nature in more than one form. In fact it is now known to occur in several independent types which resemble each other in cultural and differ from each other fundamentally in immunity reactions. It is only when the type of infecting pneumococcus and corresponding immune serum are brought together that any effect whatever is produced on the multiplication of the parasites within the meninges and the steady progress of the disease. Ultimately even under these favorable conditions, the infected monkeys die. Is it possible by any known means to avert the fatal result? This question can now be answered affirmatively and for the reasons that I shall relate.

The factors considered in the past responsible for spontaneous recovery from infectious diseases consist of the blood antibodies and phagocytes with which you are all familiar. Probably other things participate in the process and in especial definite chemical substances that are always present in a focus in which tissues and cells are disintegrating (8). That various cells of the body yield, upon extraction, substances capable of dissolving red corpuscles and destroying bacteria and differing markedly from the antibodies of the blood, has long been known. Leucocytes contain and give up to solvents thermostable bactericidal elements of consid-

erable potency. A long line of special investigations deal with this body, the full significance of which is not yet appreciated. The thermostable bactericidal and haemolytic substances yielded by the cells of the organs upon extraction and autolysis are in part identical with the leucocytal bactericides and have been identified as soaps of the higher unsaturated fatty acids.

Considerable significance may attach to this observation. It has long been known that soaps appear in inflammatory foci and in degenerating tissues; and the calcium salts deposited in obsolete necrotic lesions are united, in part, with fatty acids. Recent inflammatory foci contain lipase and, of course, disintegrating leucocytes and tissue elements. The latter yield both neutral and higher phosphorized fats, or lecithin-complexes, from which the lipase is capable of liberating fatty acids. This reaction, moreover, is not restricted to inflammatory foci purely and to cells visibly degenerating and disintegrating. That it takes place in a much more subtle way is shown by observations made upon the liver. The normal organ yields less than one-half its fat upon simple extraction, the remaining part being bound to the protein so firmly as to require digestion or denaturation of the latter to release it. The liver in phosphorus or toluyldiamin poisoning, on the other hand, gives up its fat to simple solvents, and a part of the fat has already been converted, during life, into glycerine and free fatty acids. The liver in acute yellow atrophy likewise contains an excess of free unsaturated acids, and the lung in acute lobar pneumonia yields both the free acids and lipoidal substances.

The quantity of bactericidal bodies yielded by cells in process of disintegration may be, therefore, considerable, so that it may well be that the dissolution of tissue cells and leucocytes that often results from a local bacterial infection may be not entirely to the advantage of the parasite since the chemical substances liberated exert, themselves, an injurious action upon the infecting bacteria.

The study of the manner of reaction of pneumococcus cultures to oleate soaps has illumined the subject. The effects of sodium oleate are representative of the class of bactericidal soaps. In solutions of 0.5 to 1 per cent the chemical rapidly kills the pneumococci which are converted into a formless viscid mass. In solutions of, say, 0.1 per cent the pneumococci survive, but they have been rendered more subject to dissolution by autolysis than untreated pneumococci. The acceleration of the autolytic process is so great that a few hours suffice for complete disintegration of the micro-organisms. Still weaker concentrations—say 1 part of the soap in 10,000 to 20,000 of water—produce no obvious alterations: the bacteria retain normal form, staining, and power to grow in cultures. And yet the autolytic reaction is heightened; but still more significant is the

fact that the pneumococci have become subject in remarkable degree to serum-lysis and particularly to immune serum solution. This phenomenon is of considerable theoretical interest since it shows that a bacterium may be altered by chemical action in such a subtle way that while it retains all its obvious biological properties apparently intact, it may yet be changed profoundly in its chemical reactions.

The soaped diplococci exhibit still another profound change. They have lost in some degree their virulence for mice and rats. The retained virulence is, however, always sufficient to cause septicemia and death of the inoculated animals unless, indeed, immune serum has been injected along with the culture. The course of events in rats injected into the peritoneum is instructive: in the control animals the unsoaped diplococci begin to multiply rapidly, there is almost no emigration of leucocytes, and death occurs in eighteen hours. The addition of an immune serum alone to the untreated diplococci does not save life. The soaped diplococci suffer, within four hours of the inoculation, a considerable diminution in numbers; but multiplication sets in later, leucocytes in number remain absent from the exudate, no phagocytosis occurs, and death results in thirty hours. The addition of a normal serum does not change this result essentially. But when an immune serum is substituted the diplococci are quickly suppressed and no subsequent multiplication whatever takes place, no more leucocytes migrate than in the other instances, but the animals fail to become ill. Hence the conspicuous fact that oleate soaps act in a peculiar manner upon pneumococci, rendering them subject to serum lysis not only *in vitro* but equally *in vivo* and coincidentally enabling an immune serum to remove their pathogenic action. But this important final action of the immune serum takes place only when there is correspondence between the type of infecting pneumococcus and antipneumococcus serum employed.

Before proceeding to the consideration of whether these observations are capable of being put to therapeutic use, let us consider for a moment the question of the manner in which pneumococci disappear from the pneumonic exudate and ascertain whether any analogies with the preceding phenomena can be detected. We know that the diplococci undergo a form of autolysis in the exudate, that they likewise are diminished in virulence, and we have seen that these are equally the effects which soaps produce. The other factor necessary to reduce still further the pathogenic action of the parasite is a specific immune serum which is provided by the antibodies that appear in the blood in the course of the pneumonic attack. The theoretic conditions are, therefore, obviously fulfilled for the bringing about of the dissolution of the diplococci in the affected lungs. But there is now presented a serious obstacle to the working out of this

relationship. The haemolytic and bacteriolytic effects of the soaps of the unsaturated fatty acids are inhibited by protein matter such as exists in the serum of the blood or of exudates. This inhibition must first be overcome before the lytic action can take place. Just how it is set aside, if at all, within an exudate is not known; but it is worth while to consider factors that may possibly suffice to remove the impediment, among which are the proximity of the bacteria to the nascent fatty acids and soaps, and to suggest the existence there of other chemical substances that may have the effect of removing the protein inhibition. The inhibition can be prevented in the test-tubes and also in the animal body by adding a third constituent of protective nature which in this instance may be boric acid (9). A minute quantity of this chemical prevents the union of the soap and protein matter when the latter is not in too great excess.

This finding has made it possible to employ mixtures of sodium oleate, antipneumococcus serum and boric acid in the treatment of established pneumococcus infections. In this way the intraperitoneal inoculation of highly virulent cultures in rats has been brought under a measure of control. But the peritoneal cavity, because of the variety and complexity of the contained viscera and the ready isolation of foci of infection impossible to be reached locally, make success in that site, in very small animals, difficult to achieve. Hence, we have again turned to the meninges, the subarachnoid spaces of which are better adapted to the purposes of experiment and with the results to be mentioned.

It is possible to cause pneumococcus meningitis by injecting a culture of suitable virulence into the membranes of monkeys by lumbar puncture. Since the infection set up should, on the one hand, terminate fatally in the controls and, on the other, insure the survival of the animals for two, three or more days, in order to afford average conditions for the operation of the therapeutic agent, the culture and the dose must be accurately worked out. This having been done, it can now be shown that the injection of an optimum mixture of sodium oleate, boric acid and immune serum, by lumbar puncture, into the cerebro-spinal membranes is capable of rescuing many infected monkeys, 8, 12, 18 and even 24 hours after the inoculation and at a time when the number of the diplococci present in the exudate is very large and the animals are critically ill (10).

The effect of the mixture is striking. Within three or four hours of the first injection the diplococci have undergone an enormous diminution in numbers, and phagocytosis, previously entirely absent, has begun to take place. The injections are repeated at intervals of twelve to twenty-four hours for several days and until all pneumococci have disappeared from the membranes and the fluid has again become clear and limpid. The success of the treatment depends in considerable part upon complete sup-

pression of the diplococci, as shown by cultures and by direct microscopical examination, since the infection in the monkey shows a strong tendency to relapse; and a relapse that is not promptly treated and controlled is quickly fatal. On this account extra vigilance is called for; and the seemingly wholly restored animals need to be kept under close scrutiny for several days longer, the general condition, appetite and temperature being closely observed. As already stated, the antipneumococcus serum alone has proven powerless to bring about recovery.

Monkeys that are inoculated subdurally with pneumococci quickly develop a bacteremia; and it is of great practical significance that with the control of the meningitis the blood infection also disappears. The number of diplococci that sometimes appears in the blood is so large as to indicate multiplication there; but so long as a secondary inflammatory focus does not arise, this state is controllable along with that of the meningitis. In rare instances secondary pneumococcus pneumonia or even peritonitis arose; in these the bacteremia persisted and there was a fatal issue. In some instances a fatal issue has followed upon the dissociation of the spinal and cerebral membranes by means of an impassable exudate at the foramina at the base of the brain. This is the common condition arising in epidemic meningitis that has hitherto defeated the curative effects of the antimeningitis serum and is now being overcome by means of direct intraventricular serum injections.

It is obvious that under the conditions stated sodium oleate exhibits a greater affinity for pneumococci than either for ordinary protein matter or the protein constituents of the cells of the nervous organs; for under circumstances in which boric acid withholds it from the latter it still attacks the micro-organisms. This is a condition relating to all drugs employable as curative agents: they must show greater action upon the parasites than upon the cells of the organs, else they may do harm rather than good. The oleates thus far have been observed to exert their peculiar action upon pneumococci irrespective of race; but they have required to be assisted by immune sera of strict correspondence in origin with the race of infecting diplococcus. Morgenroth (11) has recently prepared a drug, aethyl-hydrocuprein, related to quinine, which possesses remarkable powers of overcoming pneumococcus infection in mice. Under its influence, however, strains refractory to the drug arise; it is now known that races fast to the chemical occur rarely at least in nature. But because of its high toxicity for human beings the drug is inapplicable to the treatment of pneumococcus infections in man (12).

A small number of tests of the oleate, boric acid and immune serum mixture have been made on human cases of pneumococcus meningitis, and the observations on monkeys so far confirmed as to prove the necessity

of employing an immune serum agreeing in race with the infecting micro-organism. When this correspondence is accomplished, the pneumococci within the exudate are diminished rapidly by solution and phagocytosis; when it fails no action on the pneumococci has been detected).

The conditions are somewhat different with another group of affections of the nervous system to which I shall now ask you to give brief attention. The fact has long been regarded as notable that notwithstanding the origin of tabes and paresis from syphilitic infection those diseases respond so little favorably to antisymphilitic measures of treatment. You are aware that partly for this reason and partly because of the characters of the pathological changes, they have been separated off from the typical varieties of syphilis and placed in a special category of meta- or parasymphilitic affections, so-called. Now that *Spirochaeta pallida* has been shown by Noguchi (13) to occur in numbers in the brains of paretics and has even been found in the spinal cord in tabetics, this classification calls for complete revision.

In the meantime how is to be explained the disparity in therapeutic response of these affections. First it may be mentioned that there is growing evidence that salvarsan, injected into the blood, may exert a beneficial influence in tabes but not in paresis. The evidence is derived partially from clinical improvement and partially from the reductions in the cellular and protein contents of the cerebro-spinal fluid, and the diminution of the Wassermann reaction. These changes are in accord with the inconstant and fleeting presence of arsenic in the fluid following the intravenous, but not the intramuscular injection of the drug (14). Hence it would appear probable that better results still might be accomplished provided the drug could be brought with certainty and in suitable concentration into this fluid. Such a method of application, worked out by Swift and Ellis (15), offers considerable promise of high therapeutic value.

The pathogenesis of tabes is still unsolved. But what seems established is that the lesions of the spinal cord and the clinical symptoms are dominated by pathological states of the meninges. It is known that, in most cases of the disease, the cerebro-spinal liquid contains the products of irritative or inflammatory conditions existing within the membranes; and microscopical study has revealed areas of chronic meningitis about the radicular portions of the spinal and corresponding portions of the cranial nerves. To reach the pathological processes in the membranes, not in tabes only but in paresis as well, is made peculiarly difficult because not only have we to reckon with the ordinary conditions of impenetrability of the meninges, but there coexists often an obliterative arteritis of syphilitic origin.

It is not safe to introduce salvarsan directly into the subarachnoid

space, and while neosalvarsan, because of its ready solubility, is less injurious, yet the direct injection of that drug is attended with certain risks (16). Swift and Ellis have, therefore, taken advantage of the circumstance that the blood of salvarsan-treated patients is itself curative; and they have employed the corresponding serum, suitably diluted, for intraspinal injection. The results are both promising and striking. The local irritative condition in the meninges becomes quickly diminished, the Wassermann reaction reduced or abolished, and the clinical state of the patient improved. These effects follow even when the salvarsanized blood of other individuals is employed for intraspinal injection. They are due, therefore, to the local and not to general treatment.

This method has not yet been applied to the treatment of paresis and nothing less than a careful and thorough trial can determine its applicability. However, certain theoretic facts stand well in the foreground. It is known, for example, that the cerebro-spinal liquid provides a means of direct and immediate contact with the structural tissues of the brain (17). Whatever chemical is introduced into this liquid will inevitably find its way to the supporting elements, the nerve cells and fibers of the cortex in which the main lesions of paresis are situated. It is in the cortex likewise that *Spirochaeta pallida* has now been found; from which it follows that they also can best be brought under the influence of curative agents through the same channel of communication.

Prediction as to whether a direct specific treatment will accomplish the eradication of the spirochetæ in paresis is hazardous for the reason that it remains still to be ascertained whether the pallidæ which have persisted in the brain are normal or resistant strains. Their persistence for such a long period and resistance to the ordinary healing drugs may, conceivably, be due not alone or wholly to their inaccessibility, but also more or less to the acquisition of a state of fastness which, if present, may prove difficult to overcome.

The anatomical conditions existing in paresis are comparable to those occurring in sleeping sickness (18) and poliomyelitis (19). In all three diseases numbers of lymphoid cells accumulate within the perivascular lymphatic spaces and degenerations occur in the nerve cells. And just as the spirochetæ occupy the cortex in paresis and the trypanosomes in sleeping sickness, so does the virus of poliomyelitis reside in the tissues of the spinal cord and brain. We already have learned that *Trypanosoma gambiense* can be suppressed by drugs in the blood and lymphatic organs without being destroyed in the central nervous organs (20), and the virus of poliomyelitis prevented from developing through intraspinal injections of an immune serum that is without effect when introduced into the blood (21). From which it follows that a local mode of specific treatment offers cer-

tain advantages either in theory or in fact not held out in the same degree, at least, by the general method. So far as I am aware local specific treatment has not yet been tested either in paresis or sleeping sickness. To the former it doubtless will soon be applied; in the latter it should, I think, also be tried.

When the device of lumbar injection is employed to bring the active therapeutic agent into immediate relation with the parasites in the brain success will be achieved only if the introduced fluid ascends to the level of the cerebral meninges. By injecting colored solutions into animals and human cadavers it has been ascertained that this ascent easily takes place. It has likewise been found that colored fluids and fine, suspended particles, readily find their way from the lateral ventricles by way of the fourth ventricle and foramen of Magendie into the spinal meninges (22). And this fact has been put to practical use in abating the acute inflammation of the cerebral ventricles that attends epidemic meningitis by injecting the antimeningitis serum directly into the lateral ventricles. Recovery has been reported in several such cases in infants; and communication has been re-established between the cerebral ventricles and spinal subarachnoid spaces through which hydrocephalus has been averted. In a similar but simpler way, and with benefit, the serum has been injected into the acutely inflamed joints, caused by the meningococcus, that arise during the infection of the meninges (23).

A considerable number of isolated instances have been noted in which specific local therapy has been employed successfully. I shall present briefly a few illustrations in this group. Pneumococcus keratitis in man would appear to have been benefited through the instillation into the eye of antipneumococcus serum (24). That success has not been more regular and constant may not improbably be due to failure to take into account the necessary relation of type of pneumococcus and immune serum. A specific form of keratitis can be set up in rabbits by inoculating intravenously the spirochetal causes of syphilis or yaws. Both corneae are frequently affected. When salvarsan is instilled into one eye the lesions resolve quickly in the corresponding and slowly in the opposite cornea. Both finally disappear because a part of the salvarsan is absorbed into the blood (25). Subcutaneous incisions infected with virulent streptococci have been controlled in the rabbit more surely by applying the corresponding antiserum locally to the wound than by injecting it into a vein. When, in this animal, the streptococcus is introduced into the uterus *post partum* a fatal outcome has been prevented by injecting the appropriate serum directly into the organ (26).

Before closing this presentation I desire to bring one more example of local therapy to your attention. Hitherto we have dealt with immune bodies and chemicals, now I wish to consider, for a moment, the leucocyte.

Tuberculosis of the pleura in the dog can be caused by injecting an emulsion of the tubercle bacilli into this serous cavity (27). Flat and rounded nodules of tuberculous tissue form upon the serous membrane and in the mediastinum, and the adjacent lymphatic glands become tuberculous and enlarged. Left alone the disease is fatal. When, however, living leucocytes, obtained also from the dog, are injected into the affected pleura, the tuberculous tissue may be made to disappear or to be replaced by a fibrous growth. In other words, the condition can be made to heal. Similarly an experimental tuberculous meningitis in the dog has been either diminished in severity or healed by successive subdural injections of living canine leucocytes (28); and the experimental disease produced in the monkey has been favorably influenced by subdural injections of rabbit's leucocytes (29). From which it appears that a class of infections not yet subject to specific treatment either with the dissolved immunity principles or drugs may yet be made amenable, in some degree, to the curative action of the leucocytes which are the chief corpuscular defensive weapon possessed by the organism. It is surely not without significance that in the effort first to avert and next to conquer infection of the serous cavities, the unassisted body does not or cannot always employ even the mobile cells to the best advantage. Clearly here as elsewhere, it becomes the duty of medicine, the healing art, to learn both how and when to come to the aid of nature in her strivings.

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THE PUBLIC HEALTH EXHIBIT.

The Public Health Exhibit prepared by the Faculty Committee on Public Instruction has been kept busy in the southern and western districts of Baltimore making one week stands at the following places, Talmud Torah Hall, 1029 East Baltimore Street; Fells Point Dispensary, 600 South Bond Street; Olive Branch Church, corner of Fort Avenue and Charles Street; Bishop Paret Memorial House, Towson and Clement Streets; Fulton Avenue Baptist Church, Fulton Avenue and Baltimore Street.

Counting the number visiting the Exhibit while located for eleven days on Charles Street, it is estimated that between five and six thousand persons have seen it and heard the lectures given on alcohol, tuberculosis, social and mental diseases and infant mortality.

Five thousand "Health Hints" printed in Jewish as well as a thousand pamphlets on Social Diseases in the same language were distributed while at Talmud Torah Hall. The Milk Committee of the Women's Civic League has provided interesting literature which with "Health Hints," "Mental Health Rules" and pamphlets of the Society of Social Hygiene have been circulated freely among the families of those sending representatives to see the Exhibit.

The month of August has been chosen for sending the Exhibit to Westminster, Frederick, Hagerstown and Cumberland under the auspices of the Carroll, Frederick, Washington and Allegany County Medical Societies each one of these associations having appointed a special committee to arrange a program and procure suitable locations for the Exhibit.

MEMOIR.

The Memoir Committee of the Faculty, announce the death of Dr. John Neff, who died at his home, 701 N. Carrolton Avenue, Baltimore,

Maryland, of general debility, following penostitis of the inferior maxillary bone, on June 5, 1913, aged 81 years.

Dr. Neff was the son of the late Mr. and Mrs. John Neff, of Frostburg, Maryland, and his wife, who was Miss Abbie Bronson, was also a native of Frostburg.

He was graduated at the University of New York, New York City, class of 1858.

Mrs. Neff is still living, but their only child, Ernest Neff, died several years ago.

THE INSANE AT LARGE.

Probably most of us were much shocked the other evening when we read in the Baltimore *Evening News* of a "maniac" who had attempted to smother some children playing on the beach at a sea-shore resort. The horror of it was somewhat lessened by the fact that he failed in his attempt, but I think each one of us who has children felt glad that it was not one of our own who had suffered this shock, and who had been subjected to this treatment. The question probably arose in our minds, why such an individual should be permitted to roam at large? Possibly some of us remembered other newspaper accounts which we had read of various acts of violence committed by persons who were said to be insane, or who had been under treatment in some hospital and who had recently been discharged; and we felt that something should be done in order to keep such individuals, who were a menace to the safety of either themselves or others, under care, so that they would not be dangerous.

It doubtless happens that an individual is discharged from a hospital for the cure of the insane, who should not be; an individual who is able to conceal his symptoms for a long time and make the physician think that he is quite well, whereas his ideas remain as strong as ever. Certainly no hospital discharges the patient when they feel that he is dangerous to the community; but it not infrequently happens that the hospital has no power to detain such patient when the relatives have made up their minds to remove the patient. Instances have been known where a patient removed from a hospital against advice has committed suicide or murdered some one after his removal. There does not seem to be any way of controlling such a situation. The law is so anxious that each individual's liberty should be safeguarded that it does not permit any forcible detention of an insane patient against his and his relatives will, unless, by some act of violence, the case is made a criminal one, and too often the threats which the patient makes are regarded as mere ravings of a disordered mind.

It would seem that each individual should have more care in regard to those for whom he is responsible, and that each individual's mental char-

acteristics should have more careful study. This might lead to that dreaded boggy paternalism in government, but it would undoubtedly save the lives of an appreciable portion of the community. In fact, town fools are becoming too common. There are various reasons for this, chief of which may be briefly summed up under the statement, that there is a great lack of eugenics and that the unfit are permitted to marry, or to reproduce. Probably the best place in which we can stop the harm which mental defectives are doing is in the schools, where examinations by qualified psychiatrists and psychologists would do much to prevent mental break-downs and discover defective individuals.

MINUTES OF THE GENERAL SESSION.

TUESDAY, APRIL 22, 1913.

The 115th Annual Meeting of the Faculty was called to order in Osler Hall, at 8.15 p.m. by the President, Dr. A. C. Harrison. Following the precedent established by Dr. Young the President did not deliver any formal address, but made a few remarks, principally relative to the Isaac Ridgeway Trimble Lectureship.

Dr. W. S. Thayer read the following letter, stating that additional bequests had been made to this Fund.

APRIL 22, 1913.

TO THE PRESIDENT AND COUNCIL OF THE MEDICAL AND CHIRURGICAL FACULTY,

Gentlemen:—At the request of one who has the completion of the plans of the contributors to the Isaac Ridgeway Trimble Fund closely at heart, I am authorized to convey to you the promise to contribute, semi-annually, to the accumulating interest of the Trimble Fund the sum of One Hundred and Twenty-five dollars, being the interest, at five per cent per annum, on a principal sum of Five Thousand Dollars, until such time as it may be possible directly to convey this additional sum of Five Thousand Dollars to the capital of the Fund.

It is requested by the donor that until such time as the principal sum of Five Thousand Dollars may be conveyed directly to the Faculty as an addition to the principal of the Trimble Fund, these semi-annual payments of One Hundred and Twenty-five Dollars may be added to the accumulating interest of the now existing Fund, and used for the purpose of carrying out the plans of the Committee as set forth in the deed of gift.

It may be observed that through this generous gift, it will soon become possible to carry out all the wishes of the Committee. By the suggested arrangements, the funds, at the end of the next three years, will not only be sufficient to provide an honorarium of One Thousand Dollars for the lecturer, but will have furnished already a sum nearly sufficient for the preparation of the medallion.

Believe me, Gentlemen,

Yours very sincerely,

(Signed) W. S. THAYER.

The President accepted this on behalf of the Faculty, and referred it to the House of Delegates.

The first lecture under the Trimble foundation was then delivered by Dr. Simon

Flexner, Director of the Rockefeller Institute of New York City, who spoke at length on "Local Specific Treatment of Infections."

There was no discussion of this lecture and the meeting adjourned.

WEDNESDAY, APRIL 23, 1913, 10.30 A.M.

The meeting was called to order by the President, Dr. A. C. Harrison, at 10.30 a.m. The program was carried out as follows:

1. Quinine in the treatment of incomplete abortions, Dr. Edward Anderson. No discussion.
 2. Experience with over one thousand cases of certain forms of chronic urethritis. Drs. Sylvan Likes and Herbert Schoenrich. *Read by Dr. Schoenrich.* This paper was discussed by Drs. Rytina, Underhill, Likes and Schoenrich.
 3. Newer methods of gastro-intestinal diagnosis, Dr. Ernest H. Gaither. This paper was discussed by Dr. Pearce Kintzing and the discussion was closed by Dr. Gaither.
 4. The effect of scarlet red in the treatment of gastric and duodenal ulcers, Drs. Julius Friedenwald and T. F. Leitz. *Read by Dr. Friedenwald.* No discussion.
 5. Hyperthyroidosis of intestinal origin, Dr. J. C. Hemmeter. *Read by title.*
 6. Some observations on pituitrin, Dr. L. E. Neale. *Read by title.*
- The meeting adjourned at 11.40 a.m.

WEDNESDAY, APRIL 23, 1913, 3 P.M.

The meeting was called to order by the President, Dr. A. C. Harrison, at 3 p.m. The following program was carried out:

1. A series of foreign body cases. Exhibition of foreign bodies. Dr. R. H. Johnston. This paper was discussed by Dr. John Winslow.
2. The serum diagnosis of pregnancy, Dr. C. C. W. Judd. This paper was discussed by Drs. Zueblin, Novak and L. F. Barker.
3. An absorbable plate for use in the open treatment of fractures. Dr. Alexius McGlannan. Exhibition of plate and pegs. Discussion by Dr. Randolph Winslow.
4. The importance of organized effort to prevent blindness with special reference to wood alcohol, Dr. Hiram Woods. No discussion.
5. Transfusion as a therapeutic agent, Dr. B. M. Bernheim. No discussion.

WEDNESDAY, APRIL 23, 8.30 p.m.

The meeting was called to order at 8.30 p.m., Dr. A. C. Harrison, the President, presiding.

The second lecture under the Isaac Ridgeway Trimble Lectureship, being a continuation of the "Local Specific Treatment of Infections" by Dr. Flexner, was given. A unanimous vote of thanks was tendered Dr. Flexner, in appreciation of the work he is doing for the advancement of science.

Owing to the illness of Dr. Louis McL. Tiffany no formal presentation of the group of pictures which had belonged to Dr. N. R. Smith was made. These pictures were given to the Library by a club of physicians.

Dr. H. H. Beidler made the presentation speech for a likeness of Dr. Christopher Johnston, which had been given the Faculty by Dr. Johnston's family.

The meeting adjourned to the banquet hall for the annual smoker, which followed immediately after the session. Music was furnished by the Faculty orchestra and glee club which added very materially to the pleasure of the occasion.

THURSDAY APRIL 24, 10.30 A.M.

The meeting was called to order by the President at 10.30 a.m. The morning session of this, the last day of the annual session, was devoted to a symposium on syphilis, and the chair requested that those reading papers hand to the secretary a short review or brief in order that the reports of the meeting in the journal be less meager than formerly.

The titles of the papers and the order in which they were read were as follows:

1. The laboratory diagnosis of syphilis, Dr. C. C. W. Judd.

Dr. Judd dealt with the laboratory methods now accepted as of value in the diagnosis of lues in full. The "dark field" use of the microscope and the preparation of specimens for investigation with this instrument were described. The Wasserman reaction and its technic received careful attention; and the errors to be avoided in performing it and in arriving at a definite diagnosis were reviewed.

2. Problems presented in the treatment of syphilis, Dr. Albert Keidel.

Dr. Keidel laid stress on a continued treatment after the Wasserman treatment had been given, with K.I. and Hg. The resistance of the disease to treatment, as regards a permanent cure, was investigated and several interesting theories advanced. One was, that the changes in the blood vessels and tissues which are frequently observed, may at times, serve to wall off a focus of infection and that the blood stream may not carry to such a place or places the curative agents. Another conception was that the organism, as we know it, may be only one stage of development; and that while the treatment may be specific for this form, it may not be for earlier or later forms in the life history of the organism. Hence an earlier or atypical form may develop later. The long incubation period and the time elapsing before the appearance of the organism, appears to be an argument in favor of this hypothesis.

3. Intraspinal treatment of syphilis of the central nervous system, Dr. C. M. Byrnes.

Dr. Byrnes discussed a new method of subarachnoid injections in cases of tabes and reported three cases which were markedly improved after this procedure.

4. Results of treatment of syphilis with salvarsan and neosalvarsan, Dr. Page Edmunds.

Dr. Edmunds avoided any discussion of the various claims made by the large number of recent investigators of the value of the new salvarsan treatment. He confined himself to observations made in his own clinic. The value of the Wasserman reaction as an aid in the diagnosis of the disease in its primary and secondary stages and as an index to the disease in a latent form after the administration of salvarsan was pointed out. He pointed out that we must be on our guard as regards accepting a negative reaction as proof that the disease has been eradicated. Sufficient time must elapse after the treatment before the Wasserman test is of any real value in this regard. His personal experience had limited this to a period of not less than eighteen months. Once having used the salvarsan treatment, the future treatment must be based on the results reported from the laboratory.

He thinks that, given early in occasional primary cases, one dose of salvarsan will bring about a permanent cure. Late secondary and early third degree conditions will be greatly benefited, while the third stage cases will never be cured with the drug alone.

Five minute discussions of the papers followed.

Voting for two members on the State Board of Medical Examiners resulted in the election of Drs. B. W. Goldsborough, and A. L. Wilkinson. Dr. H. L. Homer was elected to fill the unexpired term of Dr. F. B. Smith, deceased. The meeting then adjourned.

BOOK REVIEW.

Transactions American Association for Study and Prevention of Infant Mortality.
Third Annual Meeting, Cleveland, Ohio, October 2-5, 1912. The Franklin Printing Company, Baltimore, 1912.

The third volume published by the American Association for the Prevention of Infant Mortality has appeared recently. It is uniform in the general make up with the preceding volumes and contains the transactions of the meeting held in Cleveland in October, 1912. There are a number of notable papers chief of which is the address of Dr. Holt on the importance of hospitals for infants and their part in the prevention of infant mortality. There are also a large number of papers that were read in the various section meetings and these deal for the most part, with the problems that have already been discussed and these include the importance of vital statistics, home economics, eugenics and the various problems resulting from maternal and artificial feeding and reports on the midwifery problem, housing and the social side of the work. Taken all in all the volume is a very interesting presentation of the more recent advances that have been made in the prevention of infant mortality and will well repay perusal.

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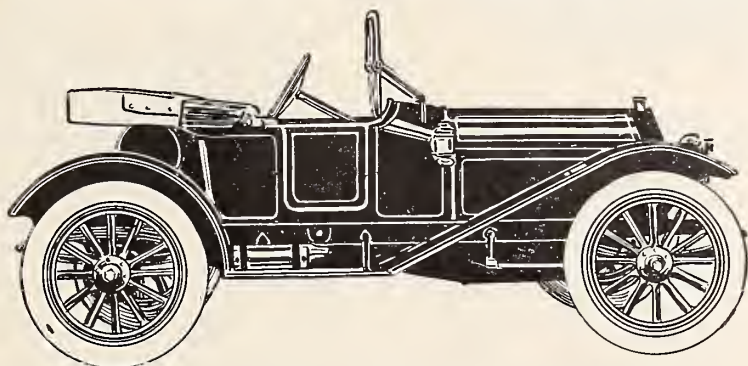
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Vol. VI

AUGUST, 1913

No. 2

JUST READY—A CLASSIC

Norris' Gonorrhea in Women

Dr. Norris' new work is one of the really important books of the year. Physician, surgeon, specialist, legislator, and sociologist—all will find it extremely valuable. The chapters on *Sociology*, *Prostitution* and *Prophylaxis* are particularly timely and rich in practical suggestions. In them Dr. Norris gives you the relationship of gonorrhea to sterility and abortion; injury wrought in the destruction of the eye-sight of the new-born, etc. The *civic side* is very fully considered. So down to the minute is the book that the work of the Chicago Vice Commission and the even more recent municipal investigations of New York and Philadelphia are included. Both *operative* and *medicinal treatments* are taken up, including a noteworthy discussion of serum and vaccine therapies. A special chapter is devoted to the drugs used in treating gonorrhea, giving exact formulas, solutions, etc. The operative technic is the newest—and clearly described and *shown*. There is an extensive chapter on Diffuse Gonorrheal Peritonitis, and another one of extreme importance—Gonorrhea during Pregnancy, Parturition and the Puerperium.

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MEDICAL SOCIETY MEETINGS

Component Societies of the Faculty, with a list of their officers and times of meeting

NOTE.—Secretaries are requested to advise the Secretary of the State Society promptly of the election of new officers in their respective Societies.

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SECTION OF CLINICAL MEDICINE AND SURGERY. First and Third Fridays, 8.30 P. M., October to May. Chairman, J. STAIGE DAVIS, M.D.; Secretary, E. B. FREEMAN, M.D.

SECTION OF DERMATOLOGY. Third Wednesdays. Chairman, J. WILLIAMS LORR, M.D.; Secretary, I. R. PELS, M.D.

SECTION OF GYNECOLOGY AND OBSTETRICS. Second Fridays in October, December, February and April. Chairman, G. W. DOBBIN, M.D.; Secretary, EMIL NOVAK, M.D.

SECTION OF LARYNGOLOGY. Fourth Fridays monthly, 8.30 o'clock. Chairman, LEE COHEN; Secretary, G. W. MITCHELL.

SECTION OF MEDICAL EXAMINERS. Third Fridays in November and March. Chairman, J. D. IGLEHART, M.D.; Secretary, W. E. MAGRUBER, M.D.

SECTION OF NEUROLOGY. Second Friday, monthly. Chairman, A. P. HERRING, M.D.; Secretary, G. LANE TANEYHILL, JR., M.D.

SECTION OF OPHTHALMOLOGY AND OTOTOLOGY. Third Wednesdays. Chairman, C. A. CLAPP, M.D.; Secretary, L. B. WHITHAM, M.D.

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ANNE ARUNDEL COUNTY MEDICAL SOCIETY. President, T. H. BRAYSHAW, Glenburnie, Md.; Secretary, L. B. HENKEL, JR., Annapolis, Md.; Treasurer, F. H. THOMPSON, Annapolis, Md.; Delegate, C. R. WINCERSON. Second Tuesday of January, April, July and October.

BALTIMORE COUNTY MEDICAL SOCIETY. President, A. T. GUNDRY, Catonsville, Md.; Secretary, J. C. MONMONIER, Catonsville, Md.; Treasurer, F. C. ELDREN, Sparrows Point, Md.; Delegate, H. L. NAYLOR, Towson, Md. Third Thursdays, April to October, 2 p. m.; November to March, 1 p. m.

CALVERT COUNTY MEDICAL SOCIETY. President, O. D. SIMMONS, Bowens, Md.; Secretary-Treasurer, J. W. LEITCH, Huntingtown, Md. Delegate, P. BRISCOE. Second Tuesdays in April, August and December; annual meeting second Tuesday in December.

CAROLINE COUNTY MEDICAL SOCIETY. President, W. W. GOLDSBOROUGH, Greensboro, Md.; Secretary-Treasurer, J. R. DOWNS, Preston, Md.; Delegate, H. W. B. ROWE, Hillsboro, Md.

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MEDICAL SOCIETY MEETINGS—Continued

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PRINCE GEORGE'S COUNTY MEDICAL SOCIETY. President, H. F. WILLIS, Hyattsville, Md.; Secretary, H. B. McDONNELL, College Park, Md.; Treasurer, W. ALLEN GRIFWITH, Berwyn, Md.; Delegate, G. W. LATIMER. Second Saturday of every second month.

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TALBOT COUNTY MEDICAL SOCIETY. President, P. L. TRAVERS, Easton, Md.; Secretary-Treasurer, W. L. PALMER, Easton, Md.; Delegate, C. F. DAVIDSON. Annual meeting third Tuesday in November and semi-annual meeting third Tuesday in May.

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Defense of Medical Research—Drs. H. H. Young, J. H. Pleasants, R. H. Follis, W. P. Miller and F. V. Bettler.

Tuberculosis—Drs. M. F. Sloan, L. V. Hamman, Victor F. Cullen, G. W. Hocking and W. T. Riley.

Sanitary and Moral Prophylaxis—Drs. D. R. Hooker, O. E. Janney, L. Welsh, G. L. Hunner, D. I. Macht.

Eugenics—Drs. L. F. Barker, Frank Martin, F. W. Keating, G. W. Wilkins and W. R. Dunton.

Milk Committee—Drs. L. P. Hamburger, C. E. Simon, W. W. Ford, T. R. Boggs and C. W. MacElfresh.

Inebriety—G. Milton Linthicum, A. P. Herring, M. L. Price, R. F. Gundry, W. J. Todd.

Hygienic and Pathologic Museum—Drs. W. R. Stokes, Claribel Cone, Gordon Wilson, S. McCleary, H. W. Stoner.

Midwifery Law—Drs. E. H. Richardson, J. McF. Bergland, Mary Sherwood, H. F. Cassidy and Clinton Brotemarkle.

Publication Committee—A. P. Herring, John Ruhräh, J. Staige Davis.

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THE BULLETIN

OF THE

MEDICAL AND CHIRURGICAL FACULTY OF MARYLAND

PUBLISHED MONTHLY

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THE BULLETIN

OF THE

MEDICAL AND CHIRURGICAL FACULTY OF MARYLAND

PUBLICATION COMMITTEE

A. P. Herring, Editor.

John Ruhräh,

J. Staige Davis.

CONTRIBUTING EDITORS

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W. M. Lewis,
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NOTE: The Publication Committee desires to receive suggestions from members of the Faculty, that will in any way improve the Bulletin.

Vol. VI

BALTIMORE, AUGUST, 1913

No. 2

A PLEASANT DUTY.

For the last five years there have been repeated notices in the BULLETIN and in special announcements of the meetings of the Book and Journal Club held throughout the year. These meetings have brought forward some excellent work on the history of medicine and those attending have always enjoyed the meetings and the informal smokers afterwards; yet there have always been brought together practically the same handful of interested physicians. This seems entirely unwarranted when we think of the large membership in the Faculty.

This year the meetings will be held on the third Tuesdays of November, January and March, and it is sincerely hoped that a larger attendance will greet our invited guests on these evenings, as they are open to all, whether members or not, and attendance does not necessitate becoming a member or incurring any obligations. It is a compliment to the speakers and our duty to see that there is a large attendance. It can only be apathy on our part if we do not attend such meetings which can bear fruit in so many directions.

REPORTS MADE TO THE HOUSE OF DELEGATES, APRIL, 1913.

TREASURER'S REPORT.

Printed in BULLETIN for April, 1913.

BOARD OF TRUSTEES.

TO THE HOUSE OF DELEGATES,

Gentlemen: In accordance with Section First, Chapter Second of the By-Laws of the Medical and Chirurgical Faculty, the Trustees beg leave to report, that the value of the property remains the same as last year, that is at about one hundred thousand dollars (\$100,000) and which also, as well as the Library is well insured.

There remains a mortgage upon the property amounting to about twenty-eight thousand dollars (\$28,000).

During the past year considerable necessary expense has been incurred, as you will doubtless be informed in the report of the Councilors as follows:

Twelve hundred dollars (\$1200) for a connection with the storm water sewer on Maryland Avenue to relieve the basement of a very unhealthy dampness.

Twenty-three hundred dollars (\$2300) for installing two new boilers in order to supply increased radiation for the proper heating of the building, and considerable inside painting.

The term of Henry M. Hurd, as Trustee expires at this session and the Trustees, will at the proper time nominate a successor.

The Trustees are pleased to learn that the effort to pay off part of the debt of the building this year is meeting with encouragement. The Baltimore City Medical Society having already donated one thousand dollars (\$1000) for the purpose and other aid will probably be secured.

Respectfully submitted,

HENRY M. HURD,
Chairman,

J. M. H. ROWLAND,
Secretary.

COUNCIL.

MR. PRESIDENT AND MEMBERS OF THE HOUSE OF DELEGATES:

The regular reports of Standing Committees, to be presented to you, so fully set forth the work of the Faculty, that but little is left for the Council to present. The period of this report covers the year 1912, and does not run from the last to this Annual Meeting. Hence some matters of recent interest are omitted. During last year the Council held seven meetings to consider routine business. In April it became necessary to make certain sewage connections, which were authorized by the Council, and paid for as will appear in the Treasurer's report. There came up also the question of Defence for new members coming into the Faculty during the year. The Council decided that they were entitled to such benefit from the date of their membership. In May and again in October, necessary appropriations were made for the work of the Public Instruction Committee. Most of this work was done on the Eastern Shore, and the meetings there seem to have been eminently successful. The Exhibit of Mental Hygiene was obtained from New York at an expense of \$125, and was given in this city during February of this year. At the

meeting in May it was decided to print the Constitution in the *BULLETIN*. So far, I am informed, there has not been room to start this publication. It is hoped that this can be done very soon. The matters of heating the building properly and securing ventilation in Osler Hall have been carefully considered. In July a Committee was appointed consisting of Drs. Barker, Gardner and Linthicum. As a result of their investigation, extra radiation was provided in Osler Hall and wherever necessary: twin boilers were installed in the building, all at a cost of about \$2330. While the past winter was no severe test, there is every reason to think that adequate provision has been made.

So far nothing has been done on the ventilation problem. The roof of Osler Hall received needed repairs. The Council thinks that it would be advantageous to have a smooth pavement on Cathedral Street in front of the building, and Drs. O'Donovan and Streett have the matter in charge. During the time covered by this report but one suit for alleged malpractice was brought to the Council. This was afterwards not pressed. In October last the Council decided to increase the salary of Miss Noyes, our efficient Librarian, to something commensurate with her value to the Faculty. In the judgment of the Council too much cannot be said in praise of the work done by Miss Noyes and her assistants. Miss Noyes' interest in our work is shown by her recent refusal of an invitation, at an advanced salary, to the position of Medical Librarian in the State Library at Albany, under the Department of Education of New York State. At the same meeting a charter under the Faculty was asked for by the Cumberland Academy of Medicine. It was the sense of the Council that but one county organization, The County Society, should be chartered by the State Faculty, and this matter was consequently referred, in so far as the Council could refer it, to the Allegany County Medical Society. In December the Council received through Dr. Barker, and from Mr. and Mrs. William F. Cochran of Baltimore, a generous offer which is thus mentioned in the Minutes of the Council:

Taken from the Council Minutes December 16, 1912.

"Dr. Barker read a letter from Mr. William F. Cochran offering \$4000 and an additional \$1000 by Mrs. William F. Cochran for the purpose of holding small health exhibits throughout the different wards and districts of the city, showing the Scientific Temperance Exhibit and also exhibits relating to Tuberculosis, Sex Hygiene and Infant Mortality. After some discussion it was moved by Dr. Ruhräh, seconded by Dr. Linthicum, to accept the offer of Mr. Cochran's if he was willing to leave the disbursements of the said sum to the Faculty with the assurance that the temperance exhibits would be emphasized, and that he would be consulted concerning the scope and the carrying on of the work. The motion was carried. The Secretary was instructed to convey to Mr. and Mrs. Cochran the thanks of the Council for this generous gift."

This work is now being organized.

Finally, as Chairman of the Council, I desire to express to my fellow members thanks for their faithful attendance at the regular meetings and for their work on special committees. As stated before, detailed reports of the work, merely herein outlined, will be presented by chairmen of various committees.

Respectfully submitted,

HIRAM WOODS,
Chairman of the Council.

REPORT OF THE DELEGATE TO AMERICAN MEDICAL ASSOCIATION.

BALTIMORE, April 22, 1913.

MR. PRESIDENT AND MEMBERS:

Your delegate to the House of Delegates of the American Medical Association for 1912 respectfully reports that in accordance with instructions of this body he offered the resolutions regarding the publication of a Public Health Journal by the Association which were sent in to the House of Delegates of the American Medical Association and they were so cordially received by the House that the Chairman of the General Committee on the same subject moved to make them a part of his report which was done, and they were referred to the Trustees who endorsed the project but asked for time to consider the financial question involved.

The paper offering the building now used in Baltimore as a Home for Widows and Orphans of Physicians to the Association by its Board was, when read to the House by your delegate, received with applause, but, unfortunately was inadvertently referred to what your delegate considers the wrong Committee, namely; that "on establishing a sanatorium for physicians"—this committee thought it not expedient, at present, to have the Association undertake that project, and, the unfavorable report took down with it the paper of Dr. Cordell's board. It should have been referred to the Trustees; it can, if desired, be re-introduced on June 17 this year.

Your delegate is pleased to report that after four years of contention the committee on having prepared a suitable button for members without borrowing ideas from the Red Cross Society, was enabled, by the assistance of a few advocates, to prevail upon the House to adopt the appropriate button which has been advocated by the special committee on the same.

The question of a higher standard of admission to our Medical Colleges, as advocated by Dr. Bevans' Council on Medical Education needs no elaborate comments here, because that gentleman has visited Baltimore and we already know of some of the favorable results.

With Dr. Weir Mitchell, Col. W. C. Gorgas, Surgeon W. W. Keen of Philadelphia and Surgeon G. B. Thornton of Memphis, Tenn., an ex-Confederate surgeon, as a central committee of the House of Delegates of the American Medical Association, your delegate has been, in the House, working on the project of a suitable memorial to be erected in Washington, D. C., to the surgeons of both armies who lost their lives in the Civil War of 1861-65. He hopes to continue his efforts. No money will be solicited from the medical profession. The meritoriousness of this undertaking should appeal, at once, to the members of the medical profession, and, when the appropriate shaft is erected it will, in a small degree, demonstrate our appreciation of the noble services of those who gave up their lives in the performance of a duty to a common humanity.

Respectfully submitted

G. LANE TANEYHILL.

REPORT OF THE LIBRARY COMMITTEE.

MR. PRESIDENT AND MEMBERS OF THE HOUSE OF DELEGATES:

In addition to the report of the Librarian, which is herewith transmitted, the Library Committee reports that it has carried on the work of the Library to the best of its ability.

As in previous years, it is our duty to direct the attention of the Faculty to the

fact that this work would have been practically nothing except for the generous contributions to the Frick Fund and to the Book and Journal Club, to whom our sincere thanks are due.

During the past year your Committee has coöperated, as far as possible, with the committee controlling the Finney Fund. This has made possible a very considerable extension of the activities of the Library, as that Fund has taken over all the Surgical periodicals previously subscribed for by the Library and has also added several new ones, thus setting free certain funds which have been employed for subscribing to additional periodicals in other branches of medicine.

We also report that negotiations have been opened with the Libraries of the Johns Hopkins University and Hospital, by which their journal list will become available for use by all members of the Faculty.

We regret to report that the Library has been less used than for several years past. We cannot explain this apparent apathy, but I feel that the best interests of the Library will be served by replacing the present Chairman by someone else, who may give promise of arousing greater interest, and also by directing new members to serve in the place of those who have neglected their obligations.

Respectfully submitted,

J. WHITRIDGE WILLIAMS,
Chairman.

LIBRARIAN'S REPORT, 1912.

MR. CHAIRMAN AND MEMBERS OF THE LIBRARY COMMITTEE:

From an executive standpoint the years work has been most satisfactory. The employment of a special assistant for night duty, authorized at the last annual meeting has been of the greatest benefit. This permits the regular assistants giving their undivided attention to their duties, and in consequence results have been doubled with less expenditure of energy.

With our well lighted, comfortable reading room, and capable willing assistants the use of our books should be greater than it is: there were only 2993 readers and 1094 books borrowed for home use.

Three medical schools pay an annual fee that their students may have the privilege of using this library; but advantage is not taken of this privilege to the extent we desire. Dr. Osler preached this doctrine to his students in season and out of season, as he says, "It is hard to speak of the value of libraries in terms which would not be exaggerated. The study of the phenomena of disease without books is to sail an uncharted sea, while to study books without patients is not to go to sea at all. For the teacher and worker a great library is indispensable, they must know the world's best work and know it at once. They mint and make current coin the ore so widely scattered in journals, transactions and monographs."

As a possible remedy I would suggest a sub-committee on "Books" in connection with each section of the Baltimore City Medical Society whose duty it should be to report at each meeting of the section what has been published since the last meeting. This is done in Boston and cards are kept at the Library of abstracts of everything of importance in each specialty. Such a sub-committee could be of the greatest assistance in suggesting to the Library Committee works and journals for purchase, and, in connection with the method now in use of asking specialists for lists of books, would possibly make the selection of more general interest.

Our county members make very little use of the Library, and to establish a closer harmony, if you deem it advisable, your Librarian would be very glad to attend

some of the meetings of the County Medical Societies and tell the members something about the Library and how it could be of use to them as individuals and as a society.

The establishment of the John M. T. Finney Fund has provided us with surgical text-books, etc., and enabled us to increase our journal subscriptions, as related in the report of the Finney Fund Committee. The Charles Frick Fund, the Baker Fund and the Book and Journal Club each supply a number of books and journals in special branches of medicine. Our greatest need now is the establishment of a fund to care for books, etc., in general medicine as the Finney Fund does for surgery.

The work of the Public Instruction Committee of the Faculty has made necessary the establishment of a collection of popular books on preventive medicine and public health topics generally for the use of lecturers, social service workers, teachers, etc. Constant demands are made of us for this class of material by the newspapers and laymen generally, and while the Enoch Pratt Free Library does not purchase strictly medical books they have a few such on their shelves, but these do not have the advantage of being censored by a committee of physicians. One of the cases in the reading room might be devoted to these popular books where their public use would be under supervision.

The donations for the year are as follows:

Books: American Association of Obstetricians and Gynecologists, 1; American Climatological Association, 1; American Laryngological Association, 1; American Laryngological, Rhinological and Otolological Society, 1; American Surgical Association, 1; American Urological Association, 1; Appleton and Company (through the BULLETIN), 1; Association of American Physicians, 1; Dr. H. M. Baxley, 18; Bibliothek de l'Universite Royale d'Upsala, 3; P. Blakiston's Son and Company (through the BULLETIN), 1; Dr. L. G. Brodhead, 1; College of Physicians of Philadelphia 1; Cooper Medical College, 1; Dr. H. Cushing, 5; Dr. E. DeCyon, 2; Dr. S. T. Earle, 1; Mr. C. W. Ely, 1; Enoch Pratt Free Library, 2; Dr. C. P. Fisher, 1; Frick Fund, 103; (4 v. from Dr. H. B. Jacobs, 20 v. from Sir William Osler, and 79 v. by purchase); Mrs. A. Friedenwald, 5; Dr. H. Friedenwald, 7; Dr. J. C. Hemmeter, 1; Dr. H. M. Hurd, 3; Dr. H. B. Jacobs, 3; Dr. O. E. Janney, 1; J. B. Lippincott and Company (through the BULLETIN), 1; Louisiana State Board of Health, 1; Massachusetts General Hospital, 1; Massachusetts State Board of Health, 1; Medical Library Association, 1; Merck and Company, 1; New York Academy of Medicine, 4; New York Obstetrical Society, 1; Dr. R. Norton, 2; Ontario, Canada, Legislative Assembly, 1; Philadelphia General Hospital, 1; Dr. John Ruhräh, 4; W. D. Saunders and Company (through the BULLETIN), 5; Dr. G. C. Savage, 1; Dr. J. Mc. P. Scott, 3; Southern Surgical and Gynecological Association, 1; U. S. Bureau of the Census, 1; U. S. Superintendent of Documents, 11; Dr. C. Wood, 1; Dr. J. W. Williams, 11; Dr. T. C. Worthington, 17.

Reprints, monographs, etc. American Library Association, 1; Dr. W. S. Bainbridge, 4; Dr. L. F. Barker, 18; Dr. A. Bassler, 4; Dr. A. N. Blodgett, 1; Chicago Pathological Society, 3; Dr. S. S. Cohen, 2; Congreso médico nacional, 1; Dr. H. E. Cook, 2; Cornell University, 1; Dr. W. J. Cruikshank, 1; Dr. T. S. Cullen, 8; Dr. H. Cushing, 86; Dr. S. Darling, 6; Dr. L. W. Ely, 3; Dr. J. W. Farlow, 1; Dr. H. Fox, 3; Dr. H. Friedenwald, 79; Imperatorsky Universitat, Russia, 19; International Otolological Congress, 1; Dr. H. B. Jacobs, 15; Mr. R. B. Keyser, 5; Königliche Bibliothek, Göttingen, 35; Dr. F. J. Lutz, 1; Dr. G. H. Makuen, 5; Maryland Pharmaceutical Association, 1; Massachusetts Medical Society, 2; Mercy Hospital, 1; Dr.

J. D. Morgan, 3; New York City, Department of Health, 1; Dr. R. Norton, 1; Ontario, Canada, Legislative Assembly, 1; Pathological Society of Philadelphia, 1; Rockefeller Institute for Medical Research, 2; Dr. C. W. G. Rohrer, 6; Dr. John Ruhräh, 6; Dr. W. W. Russell, 65; Dr. T. E. Satterthwaite, 2; Smithsonian Institute, 25; Society for Experimental Biology and Medicine, 4; Springfield, Ill. State Charities Commission, 1; Dr. G. L. Taneyhill, 16; Dr. W. S. Thayer, 136; Dr. W. G. Thompson, 1; Dr. W. J. Todd, 2; Tulane University of Louisiana, 2; U. S. Public Health Service, 9; U. S. Superintendent of Documents, 1; University of Pennsylvania, 1; William Wale, 1; J. Wiley and Sons, 18; Dr. H. F. L. Ziegel, 8.

Miscellaneous unbound journals: Dr. W. S. Baer, Dr. L. F. Barker, Dr. H. G. Beck, Dr. T. S. Cullen, Dr. H. Cushing, Dr. S. T. Earle, Enoch Pratt Free Library, Dr. J. S. Fulton, Dr. F. E. Hoopes, Dr. H. B. Jacobs, Dr. W. B. Platt, Dr. J. Ruhräh, Dr. W. W. Russell, Dr. J. M. Slemons, Dr. W. S. Thayer, Dr. J. W. Williams.

The record of current journals for the year is as follows:

Subscribed to by the Faculty.....	58
Subscribed to by the Book and Journal Club.....	48
By Exchange.....	64
Baker Fund.....	2
Finney Fund.....	12
Frick Fund.....	1
Gift of Dr. C. M. Byrnes.....	1
Gift of Dr. J. A. Chatard.....	1
Gift of Dr. E. F. Cordell.....	1
Gift of Dr. H. Friedenwald.....	1
Gift of Dr. H. B. Jacobs.....	1
Gift of Sir William Osler.....	1
Gift of Dr. John Ruhräh.....	9
Gift of U. S. Public Health Service.....	1
Gift of Dr. J. W. Williams.....	2

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The journals and books bound during the year numbered 365 volumes. A large number of old sets of journals require binding and should be done in the near future.

Respectfully submitted,

MARCIA C. NOYES,
Librarian.

REPORT OF THE MEMOIR COMMITTEE.

MR. CHAIRMAN AND MEMBERS OF THE HOUSE OF DELEGATES:

Gentlemen: We medical men, above all others, can appreciate the truth of the poet's mournful words:

*Leaves have their time to fall,
And the flowers to wither at the North wind's wintry breath,
And the stars to set—but all,
Thou hast all seasons for thine own, O Death.*

During the year just ended, your Memoir Committee has carefully recorded every death that has occurred among our membership, and have sent suitable letters of

condolence to the nearest relatives of all the deceased, accompanied by a blank "Information Sheet," with kindly requests for brief sketches of their lives and professional work, to enable us to have them recorded among The Archives of the Faculty. We have been greatly assisted by information obtained in this way.

Our never-sleeping enemy, Death, has laid his icy hand on eight of our members since the last annual report. These were Dr. Samuel Hall Anderson, Dr. George Washington Simpson, Dr. Charles H. Rose, Dr. Franklin B. Smith, Dr. Oliver Parker Penning, Dr. Richard Channing Massenburg, Dr. James Bosley, and Dr. Hamilton K. Derr.

DR. SAMUEL HALL ANDERSON, graduate of the University of Maryland, class of 1878. Died of cerebral hemorrhage, at his home, Woodwardville, Anne Arundel County, Md., May 17, 1912, aged 64 years.

DR. GEORGE WASHINGTON SIMPSON, graduate of the College of Physicians and Surgeons, Baltimore, Md., class of 1873. Died suddenly of heart disease, at his home, Baltimore, Md., May 17, 1912, aged 71 years.

DR. CHARLES H. ROSE, graduate of an Eclectic Medical College, Philadelphia, Pa., class of 1855. Practiced medicine at Cardova, Talbot County, Md., for fifty-five years, and was president of the Talbot County Medical Society for the year 1909. Died at the home of his daughter, Mrs. Hattie R. Thomas, Centreville, Md., August 23, 1912, aged 79 years.

DR. FRANKLIN B. SMITH, an ex-president of this Faculty, and at the time of his death one of the members of its Board of Medical Examiners, graduate of the University of Pennsylvania, class of 1878. Died of typhoid fever at his home, Frederick City, Md., November 5, 1912, aged 56 years.

DR. OLIVER PARKER PENNING, graduate of the University of Maryland, class of 1897. Died of leukemia, at his home, Baltimore, Md., December 29, 1912, aged 41 years.

DR. RICHARD CHANNING MASSENBURG, graduate of the University of Maryland, class of 1867. Died of diabetes at his home, Towson, Md., December 30, 1912, aged 67 years.

DR. JAMES BOSLEY, graduate of the University of Virginia, class of 1874, who was Health Commissioner of Baltimore City, at the time of his death. Died of pneumonia, following an attack of la grippe, at his home, Baltimore, Md., January 5, 1913, aged 60 years.

DR. HAMILTON K. DERR, graduate of the University of Maryland, class of 1881. Died of heart disease, at his home, Hagerstown, Md., February 17, 1913, aged 61 years.

Although death has all seasons, and stands behind the young man's back, as well as before the old man's face, yet when he cruelly claims this or that talented young man, just rising like a new star in the medical firmament, it is truly a pity, doubly great.

Reflect for a moment on the deprivation to our profession, and of the irreparable loss to suffering mankind, had either Laennec, or Virchow, or Von Graefe, or Marion Simms, or Pasteur, or Morell Mackenzie, or Lister, or Koch, or Roentgen, or Mme. Curie, who discovered radium, been summoned to go thence, before their great contributions to our profession were made?

Our hope of future, and still greater progress, lies chiefly in the zeal and fertility of our young men, and for this reason your Memoir Committee wishes to call attention to the pleasing fact that during the year just ended, Fate has dealt kindly with the Faculty's membership in this respect. Dr. Oliver Parker Penning, aged 41 years

was the only one of the eight who died comparatively young. Dr. Smith was 56 years old, Dr. Bosely 60, Dr. Derr 61, Dr. Anderson 64, Dr. Massenburg 67, and Dr. Simpson 71, while Dr. Rose attained the mellow age of 79 years, and we are told his life ended like a beautiful sunset following a long and wellspent day.

The combined ages of these eight members was 499 years, and their combined length of service in our profession was about 260 years, during which time the amount of suffering they relieved, and the number of lives they saved, is known only to God.

We have also been lucky in the comparatively small number of members who have died during the last year. Our Archives show that 10 deaths were recorded in the report of 1904, 18 in 1905, 11 in 1906, 11 in 1907, 12 in 1908, 16 in 1909, 12 in 1910, 14 in 1911, and 15 in 1912, while during the twelve months just ended, there were but 8.

It is a singular fact that when a medical man dies, it seems to give people a truer idea of his character, whether for good or for evil, than they ever possessed while he was living and acting among them, because a medical man's life is so public, and his work so widely distributed, and his death makes a void so genuine, and the desire to do his memory justice is so universal, that it either entirely excludes falsehood, or exposes its emptiness, and his death makes public opinion more fully alive to his nobler qualities, and also makes it require ample proof of any derogating traits, or charges of baseness.

With all the facts before it, your Memoir Committee begs leave to report that each and all of these deceased members were men of merit and that all were respected by their fellow-workers in the professional field, and were each and all loved by hosts of sorrowing patients and friends.

It is, therefore, with deep regret, we add their names to the long list of other members who have from time to time been torn from the Faculty by *The cold and unpitiful Hand of Death*.

D. W. CATHELL,
Chairman.

TUBERCULOSIS COMMITTEE.

MR. PRESIDENT:

Your Committee on Tuberculosis begs to report that during the year past their effort has been of an educational nature. Without available funds, they were unable to carry on any concerted work, but by individual coöperation with anti-tuberculosis organizations throughout the state, they were able to get much tuberculosis propaganda before the people. Recently, the Chairman of the Committee, working with the Committee on Public Instruction, planned and executed the tuberculosis section of the large exhibit which is soon to be opened to the public. In connection with this same educational campaign, members of this Committee are to give several talks.

Your Committee mentions with no little pleasure the aggressiveness with which the campaign against tuberculosis by the various forces throughout the state, organized and conducted for that purpose, is being waged. A large number of the cities and towns of five thousand or more of population have their strong societies for the prevention and amelioration of the disease, and their dispensaries and corps of visiting nurses for the detection and guidance of positive cases. Furthermore, there are five institutions in the state devoted exclusively to the treatment and relief of pulmonary tuberculosis. These have about eight hundred beds, a small number to be sure, and over half of these are occupied by advanced cases. The laws of the commonwealth are not abreast of those of states taking the lead in the anti-

tuberculosis warfare, but it first behooves us to thoroughly acquaint ourselves with those that we have and utilize and enforce them in the spirit and letter before asking for further legislation.

We would especially mention with a due and pleasant sense of gratitude the generosity of the state press in the use of their columns in educational campaigns. This assistance has been of incalculable value in carrying to the homes and individuals the fundamental truths of health and strength.

In reviewing the health situation throughout the state, your Committee is impressed with the apparent lassitude and lack of close coöperation on the part of the forces engaged in the anti-tuberculosis fight and they feel they could not bring a stronger recommendation to you and, through you, to the profession at large than that there be a more cordial relationship among our colleagues and the agencies for health. The Committee represents three strong forces engaged in this fight, namely, general practitioners, dispensary and sanatorium directors, and they feel free to speak with frankness and to urge on their medical brethren the great need of closer coöperation. The health machine, if you please, is well constructed and running, but it needs constant observation—that observation represented by the alertness and coöperation of the general practitioner, which latter term is interpreted by the hearts of the laity into a warmer and more endearing one—family physician. He it is who, without question, holds the present and future health of the State in his grasp. We would urge, therefore, that the family physician keep in closer touch with the dispensaries and consultants that the suspected and doubtful cases of tuberculosis may be the sooner put on the road to recovery, should they become positive. We appreciate the difficulty one has in keeping up with a large and busy practice and at the same time not overlook some of the danger signals of early pulmonary tuberculosis. The sanatoria directors are calling on the dispensaries and physicians more and more for earlier diagnosis, and it is only just to the dispensary workers and not to the detriment of the family physician to say that the former are sending to the sanatoria nearly all of the incipient cases. It is true that a person is occasionally sent from the dispensary to the sanatorium who ultimately proves to be non-tuberculous, but is it not far better to err on the safe side in a dozen instances than permit an ultraconservative diagnosis to obstruct the avenue to health in one obscure but progressing case? Therefore, we would urge the family physician to spare a few hours from his practice each week and freshen his diagnostic acumen, working side by side with the dispensary physicians. And we would insist on the dispensary directors opening the doors of their institutions and coöperating to the fullest extent with those doctors who may come, to the benefit and pleasure of both and above all to the betterment of the patient. Sanatorium directors in their turn are ever ready to coöperate in every feasible and practicable way with both the dispensary worker and the family physician and are willing to give any advice and assistance in their knowledge and power. This, Mr. President, is the recommendation which your Committee wishes to make through you to every member of the profession—a heartier and more helpful correlation of the sanatoria, dispensaries, visiting nurses, anti-tuberculosis societies and family physicians, that we may better serve those who are dependent on us by making earlier diagnosis and thereby rendering more effective our admirable forces for the prevention and relief of tuberculosis. Humanity demands this and our patients have a just right to expect it.

Respectfully submitted,

MARTIN F. SLOAN.
Chairman.

COMMITTEE ON MIDWIFERY LAW.

In view of the conditions existing throughout the rural districts of this state, and the fact that there does not seem to be any possibility of providing facilities in the near future for adequate instruction and training of midwives, your Committee on Midwifery Law is of the opinion that the statute already in operation at the time of its appointment embodies all essential features that can at present be reasonably demanded. This law is being very efficiently enforced by the State Board of Health.

Dr. F. V. Beitler, Chief of the Bureau of Vital Statistics has furnished me the following statement:

There are 153 midwives practicing in Baltimore City who are properly licensed and registered; this number includes practically all of them.

There are known to be at least 587 in the rural districts of the state, 270 of whom are properly licensed and registered.

There were no prosecutions under the law during 1912.

Only two candidates presented themselves for examination during 1912; one in Baltimore County and one in Carroll County. Both passed.

Because of their educational value and significance we have ventured to include in this report the more important results of a most pains-taking and commendable investigation of the midwives of Anne Arundel county carried on during July and August, 1911, by Doctors H. Jeidell and W. Fricke. This study was made possible by the generosity of the Maryland Society for the Prevention of Blindness, and is fully reported in the Johns Hopkins Hospital Bulletin, September 1912. From it the following facts were obtained:

Anne Arundel County covers an area of 430 square miles. It has a population of about 43,000, of which 26,000 are white, and 17,000 are colored. It is chiefly an agricultural county, with few improved roads, transportation being almost entirely by horse. The conditions there represent fairly typically those existing throughout the country districts of the state.

Outside of the city of Annapolis there are 20 physicians scattered over the country, or approximately one to every twenty-one square miles.

The midwives live mostly in isolated places, the average distance of their homes from the centers in which physicians reside being three miles—a large proportion extending to four, five or six miles.

At the time of this investigation the State Board of Health had knowledge of 34 midwives in this county, to which number 85 others were added through the thoroughness of this canvass, making a total of 119. Of this number 5 were foreigners, 17 white Americans, and 95 negroes.

Their ages varied from 30 to 90 years, the largest number being in the sixth decade of life.

Their educational qualifications were far below the average. Thus 32 were able to read, 10 could read and write, but 77 could neither read nor write. Only 4 had been trained in a school for midwives.

Of the total number, 45 habitually attended abnormal cases of labor without medical assistance.

Only 2 of the 22 who claimed to use antiseptics had any comprehension of their significance.

Only 31 had some sort of an equipment, consisting usually of medicine, a ball of twine and scissors; the other 87 had none.

Prophylactic measures against ophthalmia were used by only 18 of the entire number.

The value of such accurate data is apparent without further comment, and we respectfully suggest the advisability of similar investigations being carried out in all the other counties of the state.

Respectfully submitted,

EDWARD H. RICHARDSON,
Chairman.

EUGENICS.

MR. PRESIDENT AND MEMBERS OF THE HOUSE OF DELEGATES:

Your Committee begs leave to report that it is preparing a Bill, authorized by the Medical and Chirurgical Faculty, for introduction into the Legislature at its next meeting. The committee urges that every physician in the state make it a point to interview one or more members of the legislature with the idea of gaining support for the Bill.

The committee recommends that it have the coöperation of the Committee on Legislation in the effort to secure the passage of the Bill.

Respectfully submitted,

LEWELLYS F. BARKER,
Chairman.

REPORT OF THE COMMITTEE ON SANITARY AND MORAL PROPHYLAXIS FOR 1913.

TO THE MEDICAL AND CHIRURGICAL FACULTY OF MARYLAND:

As heretofore the efforts of this Committee have been expressed through the agency of the Maryland Society of Social Hygiene. About 60 lectures have been given and over 20,000 pieces of literature distributed. In addition the exhibit of the American Federation for Sex Hygiene was shown in three places in Baltimore, and also in Cumberland. The striking fact of the year's work is perhaps that most of the lectures were given upon request indicating an awakening desire on the part of the public to become informed in the matter of sex problems. Hitherto it has been necessary to press for opportunity to present the subject.

We have to record the profound loss which the movement for sex instruction has sustained in the death of Dr. Prince A. Morrow. Dr. Morrow died in New York City March 17. We owe to him the creation of this Committee by your honorable body, and to him must be given the credit of founding the subject of Social Hygiene on a sound, rational, and unemotional basis of medical facts.

Within a short time Governor Goldsborough has appointed a State-wide Vice Commission. The Maryland Society of Social Hygiene has urged the appointment of such a Commission for a number of years. The membership of this Commission gives assurance that we may expect a recommendation favorable to proper sex instruction for growing girls and boys. Such a recommendation ought to result in preparation of well-equipped teachers to undertake the work in the various school systems throughout the State. In this connection we rejoice in the fact that the State Board of Health has adopted a resolution commending sex instruction as a means of reducing the spread of venereal disease.

In conclusion your Committee would recommend that the profession take up for serious consideration the question of making gonorrhoea and syphilis notifiable

diseases. We can ill afford the reproach which will fall upon us if we are negligent in this matter after the public is reasonably informed. We would also suggest that the profession may, without recourse to law, lessen the spread of venereal contagion into wedded life by judiciously advising parents to insist upon a medical certificate of good health from the men who propose marriage to their daughters. This suggestion particularly concerns those of our profession who by fortunate chance occupy the position of family friend. The misery and suffering incident to connubial-infection is too great to allow marriage to be consummated without due regard to the possibilities involved.

Respectfully submitted,

D. R. HOOKER,
Chairman.

COMMITTEE ON DEFENSE OF MEDICAL RESEARCH

DEAR DR. RUHRÄH:

Many thanks for your kind letter mapping out my work. We have had absolutely nothing to do, and I see nothing to make a report on. If, however, you think it essential to have one please send me the name of my predecessor, and have Miss Noyes send me a copy of his last report, and I will be very glad to fix up something which I hope will meet with your approval.

With the kindest regards, I am,
Very sincerely yours,

HUGH H. YOUNG.

HYGIENIC AND PATHOLOGIC MUSEUM COMMITTEE.

TO THE PRESIDENT AND MEMBERS OF THE HOUSE OF DELEGATES,
MEDICAL AND CHIRURGICAL FACULTY OF MARYLAND:

Gentlemen: I herewith respectfully submit the report of the Hygienic and Pathologic Museum Committee for the calendar year of 1912. The work of the Committee as planned during the early part of the year consisted of a subdivision into three distinct movements, and I shall describe the results of each in consecutive order.

The first subdivision of our plan was to establish an exhibit for public instruction. A large exhibit was installed in connection with the "Health Week" held from February 19 to 24, 1912. This exhibit continued for two weeks after this date and was visited by a large number of persons. Through the kind coöperation of the School Board the school children were specially encouraged to attend this meeting during the third week, and by the offering of prizes their interest was stimulated and doubtless much good was accomplished. Under separate cover I submit a catalogue of this exhibit which explains the features in detail, but it may be said that its general scope included a large number of charts, models and specimens, illustrating the causes and prevention of the various communicable diseases. Later in the year a similar exhibit was gotten together and sent to the various towns throughout the Eastern Shore. Special stress was laid upon the intestinal diseases and the dangers of impure milk, and this traveling exhibit under the direction of Dr. W. H. Hobson attracted great interest and were visited by large numbers of people in the principal towns of the Eastern Shore. The Women's Civic League also contributed towards this exhibit and paid for the distribution of very instructive circulars concerning the methods of procuring a pure milk supply and of proper methods of handling milk in the household.

As a second subdivision of the work the Committee had planned to establish a Museum of Pathological Anatomy and Hygiene Instruction, and a large number of jars and some few laboratory specimens were contributed by Dr. and Mrs. John R. Abercrombie as a nucleus for this museum. Five hundred dollars was also appropriated for purchasing various anatomical, pathological and hygienic specimens and models which might be used for the instruction of physicians, for adding an interest to our meetings of the various clinical sections, and for use in practical examinations by the State Board of Medical Examiners. The Council, however, was unable to find a suitable place for housing such a collection and the money has not been used. The Committee as far as possible have had pathological specimens on exhibition to illustrate the various clinical subjects which were under discussion, but in connection with this matter they respectfully suggest that a cabinet might be placed in a portion of the room used for the Committee on Public Instruction, and that a set of specimens be gradually collected which might be used for the purpose mentioned above. The space suggested by the House Committee in the cellar was totally inadequate for the purpose of installing a cabinet for specimens, but the Committee still believe that a moderate number of specimens illustrating the usual and some of the unusual diseases might be of interest in our medical meetings.

The third subdivision consisted in an attempt to arouse an interest in the use of the laboratory, which had been so generously furnished by our former President, Dr. Hugh H. Young. A full set of laboratory utensils was installed in the laboratory and an excellent set of lectures was given, of which the following is the list:

LIST OF DEMONSTRATIONS WITH DATES ON WHICH THESE LECTURES WERE GIVEN.

1. Urinalysis: (a) ordinary urinalysis for office purposes, (b) prostatic secretions, (c) phthalein renal function test; Examination of Sputum. Dr. Jose L. Hirsh. Tuesday, March 26.
2. Bacteriological examinations in typhoid, meningitis and diphtheria. Dr. William R. Stokes. Tuesday, April 2.
3. Examination of faeces. Dr. S. R. Miller. Tuesday, April 4.
4. Various tuberculin reactions. Dr. S. R. Miller. Tuesday, April 9.
5. Clinical microscopy of venereal diseases: (a) Wassermann reaction (b) spirochaeta diagnosis (c) gonococcus diagnosis. Dr. Albert Keidel. Thursday, April 11.
6. Medical urinalysis. Dr. E. L. Whitney. Tuesday, April 16.
7. Examination of the blood in malaria. Dr. W. S. Thayer. Thursday, April 18.
8. General examination of the blood. Dr. T. R. Boggs. Tuesday, April 23.
9. General examination of the blood. Dr. T. R. Boggs. Thursday, April 25.
10. Demonstration of stomach contents. Dr. Julius Friedenwald and Dr. T. F. Leitz. Tuesday, April 30.
11. Milk analysis and breast feeding: (a) Outfit for milk analysis of human milk. Dr. Samuel Amberg. Thursday, May 2.
12. Chemotherapy in its relation to surgical infections. Dr. J. W. Churchman. Tuesday, May 7.
13. Demonstration of X-ray diagnosis. Dr. F. H. Baetjer. Thursday, May 9.
14. Examination of feces. Dr. C. C. Guthrie. Tuesday, May 14.
15. Urinalysis: (a) ordinary urinalysis for office purposes, (b) prostatic secretions, (c) phthalein renal function test. Dr. H. H. Young and Dr. J. T. Geraghty. Thursday, May 16.
16. Subject to be announced. Dr. T. B. Fletcher. Tuesday, May 21.

17. Bacteriological examination of air and water. Dr. W. W. Ford. Thursday, May 23.

These lectures were attended by an average of about a dozen physicians and failed to secure any patronage for the free clinical laboratory for physicians. Owing to the fact that the laboratory is practically never used and that the room is needed for other purposes, the laboratory has been dismantled and turned over to the librarian for general library purposes.

The Committee feels that it has been only moderately successful in carrying out one of the subdivisions of its original plan and has brought the matter of the museum before this body in order to obtain its judgment as to whether in future requests should be made to the Council in order to secure a proper place in which such a museum can be installed.

It should be added also that there was given a special health conference and exhibit lasting two days at Chestertown, and that all of these educational exhibits have been carried on in coöperation with the Committee on Public Instruction.

Respectfully submitted,

W. R. STOKES,
Chairman.

MILK COMMITTEE.

MR. CHAIRMAN AND MEMBERS OF THE HOUSE OF DELEGATES:

Gentlemen: A meeting of the Milk Committee of the Medical and Chirurgical Faculty of Maryland was held April 15, 1913.

The inadvisability of inaugurating a campaign in the interest of safe milk was discussed.

The Women's Civic League has asked for the coöperation of the Milk Committee in strengthening and supplementing their work along similar lines.

The subject of milk will be represented in the Public Health Exhibit to be shown at the Medical and Chirurgical Building during this month in the Section devoted to the Prevention of Infant Mortality with the addition of material to be furnished by the Women's Civic League assisted by the Milk Committee of the Faculty.

Respectfully submitted,

LOUIS P. HAMBURGER,
Chairman.

COMMITTEE ON INEBRIETY.

The Committee has at this time very little to report, but feel that it is well to call to the attention of the House of Delegates a few facts concerning this subject.

While not claiming any great amount of credit for itself, they regard the recent gift of \$5000 for the establishment of a public exhibit on alcohol, tuberculosis, mental hygiene, and infantile mortality, was in a measure influenced by the work which the faculty has undertaken on the subject of inebriety, the donor having always been intensely interested in the subject of alcoholism.

We beg to state that at the recent Mental Hygiene Congress, the subject of alcoholism was given marked prominence by a splendid exhibit, and that one evening of the conference was devoted to the subject of inebriety. On this evening an address upon the "Farm Colony Treatment" was given by Dr. Irving Neff, Superintendent of the Massachusetts Farm Colony, and the "Problem of Alcoholism Here in Maryland" was presented by your Chairman. At this lecture there was a large and intensely interested audience, showing that the people are taking a great deal of interest in the medical solution of alcoholism.

Knowing that the profession regards inebriety as a disease not curable by any specifics or drugs, we feel that the recognition by the City Board of Aid and Charities of the two proprietary institutions which claim to cure inebriety by drugs, is a reflection upon the profession and intelligence of the community. The two institutions, one a three day cure, the other a four weeks cure, charge respectively \$75 and \$100 for patients for treatment, which is paid by the city, the community regards them as fake institutions, in that they claim to cure inebriety by the use of drugs. We believe that the only cure for inebriety is a prolonged stay in institutions adapted especially for such cases particularly the farm colony, and urge a further activity upon the part of the faculty in the establishment of such a colony with suitable laws, to which those unable to pay may be committed, and with further legal provisions that those who are able to pay, may be committed to private institutions for their retention and care.

Respectfully submitted,

G. MILTON LINTHICUM,
Chairman.

SECRETARY'S REPORT.

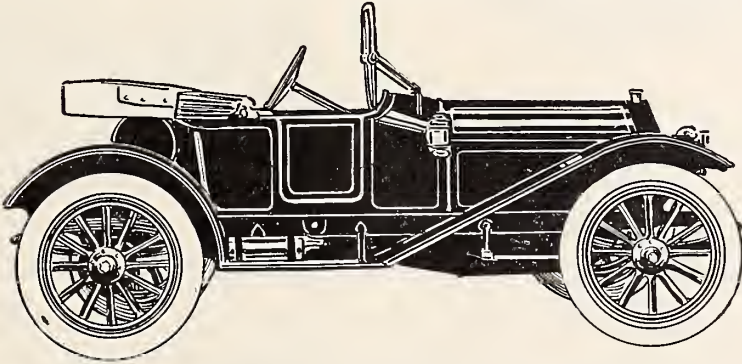
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42	52	40	Alleghany County Medical Society.....	3	8					1
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515	524	408	Baltimore City Medical Society.....	1	32	3	6	5	10	
68	69	43	Baltimore County Medical Society.....	2	1	4	1	1	2	2
12	12	12	Calvert County Medical Society.....							
13	14	12	Caroline County Medical Society.....	1	1					1
35	39	39	Carroll County Medical Society.....		1	3				
24	25	25	Cecil County Medical Society.....	1	1	1				
8	8	0	Charles County Medical Society.....							
15	16	10	Dorchester County Medical Society.....	1	3			1	2	
48	44	35	Frederick County Medical Society.....				1	1		2
18	14	0	Harford County Medical Society.....							4
12	13	12	Howard County Medical Society.....		1					
6	6	6	Kent County Medical Society.....		1	1		1		1
42	40	37	Montgomery County Medical Society....			1		1	2	
18	16	9	Prince George County Medical Society...	1			1			2
12	9	4	Queen Anne County Medical Society.....							3
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15	17	10	Somerset County Medical Society.....	4	1			1	2	
15	15	14	Talbot County Medical Society.....		2	1			1	
48	46	44	Washington County Medical Society.....		1	1		2		
12	12	10	Wicomico County Medical Society.....							
12	13	11	Worcester County Medical Society.....		2					1
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THE BULLETIN

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Vol. VI

SEPTEMBER, 1913

No. 3

READY TO-DAY

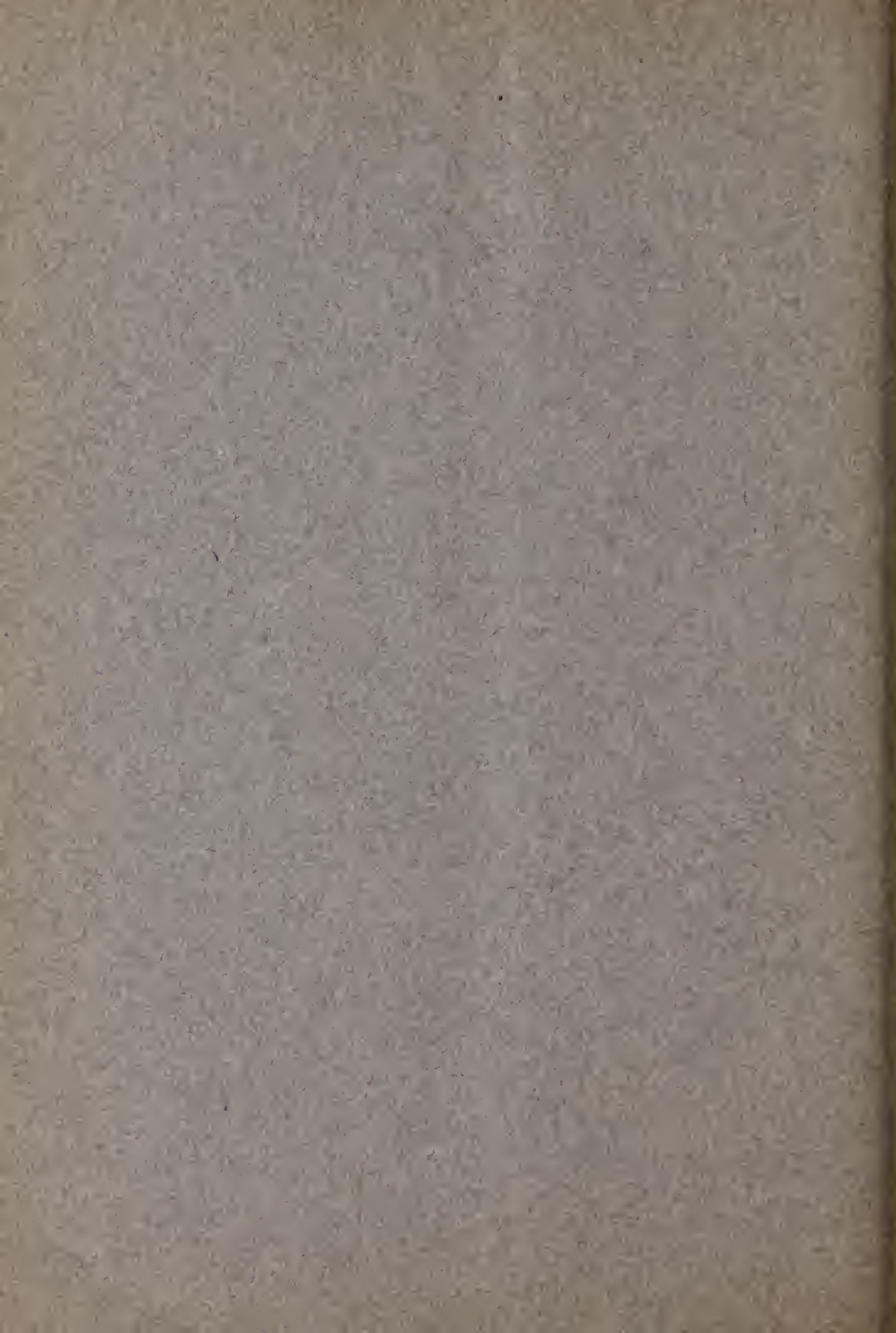
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MEDICAL SOCIETY MEETINGS

Component Societies of the Faculty, with a list of their officers and times of meeting

NOTE.—Secretaries are requested to advise the Secretary of the State Society promptly of the election of new officers in their respective Societies.

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SECTION OF DERMATOLOGY. Third Wednesdays. Chairman, J. WILLIAMS LORD, M.D.; Secretary, I. R. PELS, M.D.

SECTION OF GYNECOLOGY AND OBSTETRICS. Second Fridays in October, December, February and April. Chairman, J. M. H. ROWLAND, M.D.; Secretary, EMIL NOVAK, M.D.

SECTION OF LARYNGOLOGY. Fourth Fridays monthly, 8.30 o'clock. Chairman, LEE COHEN; Secretary, G. W. MITCHELL.

SECTION OF MEDICAL EXAMINERS. Third Fridays in November and March. Chairman, J. D. IGLEHART, M.D.; Secretary, W. E. MAGRUDER, M.D.

SECTION OF NEUROLOGY. Second Friday, monthly. Chairman, A. P. HERRING, M.D.; Secretary, G. LANE TANEYHILL, JR., M.D.

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MEDICAL SOCIETY MEETINGS—Continued

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HOWARD COUNTY MEDICAL SOCIETY. President, W. R. WHITE, Ellicott City, Md.; Secretary-Treasurer, W. B. GAMBRILL, Ellicott City, Md.; Delegate, W. R. EARECKSON. Meetings (quarterly) first Tuesdays in January, April, July and October.

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QUEEN ANNE'S COUNTY MEDICAL SOCIETY. President N. S. DUDLEY, Church Hill, Md.; Secretary-Treasurer, H. F. McPHERSON, Centreville, Md.; Delegate, W. G. COPPAGE.

SOMERSET COUNTY MEDICAL SOCIETY. President, G. T. SIMONSON, Crisfield, Md.; Secretary-Treasurer, H. M. LANKFORD, Princess Anne, Md.; Delegate, C. W. WAINWRIGHT, First Tuesday in April at Crisfield; first Tuesday in October, at Princess Anne.

TALBOT COUNTY MEDICAL SOCIETY. President, P. L. TRAVERS, Easton, Md.; Secretary-Treasurer, W. L. PALMER, Easton, Md.; Delegate, C. F. DAVIDSON. Annual meeting third Tuesday in November and semi-annual meeting third Tuesday in May.

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State Board of Medical Examiners—Herbert Harlan, J. McP. Scott, Harry L. Homer, James A. Stevens, H. M. Fitzhugh, L. A. Griffith, B. W. Goldsborough, A. L. Wilkinson.

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Regular Examinations—Examinations are held in Baltimore. Third Tuesday in June for four consecutive days. Second Tuesday in December for four consecutive days.

Maryland is in reciprocal relationship with the following States: Georgia, Illinois, Indiana, Iowa, Kansas, Kentucky, Maine, Michigan, Minnesota, Missouri, Nebraska, New Hampshire, Ohio, Oklahoma, S. Carolina, Texas, Vermont, Virginia, W. Virginia, and Wisconsin, subject to requirements and fees imposed by the respective States.

Information connected with Medical Examinations and licensure by addressing Secretary, J. McP. Scott, Hagerstown, Md.

THE BULLETIN
OF THE
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OF MARYLAND

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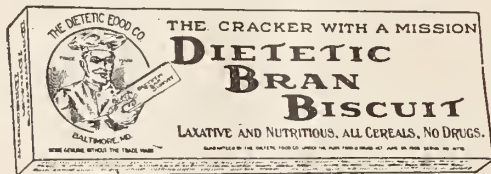
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THE BULLETIN

OF THE

MEDICAL AND CHIRURGICAL FACULTY OF MARYLAND

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NOTE: The Publication Committee desires to receive suggestions from members of the Faculty, that will in any way improve the Bulletin.

Vol. VI

BALTIMORE, SEPTEMBER, 1913

No. 3

SEMI-ANNUAL MEETING.

The Semi-annual Meeting of the Medical and Chirurgical Faculty will be held at Hagerstown, on October 21 and 22, and it is hoped that a large part of our membership will arrange to attend. Unusual opportunities are afforded those who wish to make the trip by motor, and the program will be arranged to give as much opportunity as possible for the social things, which are a great feature of the Semi-annual Meeting.

Those desiring to read papers should send their titles not later than October 8, to the Chairman of the Committee on Arrangements, Dr. William A. Fisher, Jr., 1211 Cathedral Street, Baltimore, Maryland.

REPORTS MADE TO THE HOUSE OF DELEGATES, APRIL 1913

COMMITTEE ON SCIENTIFIC WORK AND ARRANGEMENTS

The Committee on Arrangements submits the following report:

During the year 1912 two meetings were held, the annual meeting on April 23, 24 and 25, and the semi-annual meeting on November 12.

At the annual meeting the custom, established at the last meeting, of holding a smoker instead of a dinner was adhered to, and an additional attractive feature was the music during the smoker by the Faculty Orchestra. Another new feature of this meeting was the luncheon, which was served between the morning and afternoon sessions on the second day.

The semi-annual meeting was held at Cambridge, Maryland, in conjunction with the meetings of the Committee on Public Instruction. The scientific sessions were held in the morning and afternoon and, in the evening a public meeting was held at which Governor Goldsborough was one of the speakers. From a social point this meeting was a very great success, owing to the generosity of the President, Dr. Hugh H. Young, who chartered the steamer Dorechester and invited the members of the Faculty to go to Cambridge as his guests.

Respectfully submitted,
WILLIAM A. FISHER, JR.,
Chairman.

JOHN M. T. FINNEY FUND.

The appointment during the last annual meeting of the first committee to carry out the agreement concerning the Fund known as "The John M. T. Finney Fund for the Advancement of Surgery" placed upon the members of the Committee the duty not only of expending the income of this Fund in accordance with the terms of the gift but also of laying out in a general way a plan to guide them in the future. After careful consideration it was resolved to expend about one third of the income for surgical journals, one third for new books and monographs on surgical subjects and one third for the completion of broken sets of important journals.

The income for the year 1912 was smaller than it will be in the future because part of the interest has been used in the purchase of the bonds. But in spite of this, a considerable balance was on hand at the close of the year—for the committee proceeded slowly—in the effort to exercise the greatest care in subscription and purchases.

The income of the Fund during 1912 was \$270.00

The expenditures during 1912 were 80.17

The unexpended balance was \$189.83

Most of the meetings of the Committee have been held together with the Library Committee, the desire having been expressed on both sides to work in close association.

The list of journals now subscribed for by the Finney Committee is as following: *Annals of Surgery*, *Archiv für Klinische Chirurgie*, *Beiträge zur Klinische Chirurgie*, *Centralblatt für Chirurgie*, *Centralblatt für die Grenz. der Med. und Chir.*, *Deutsche Zeitschrift für Chirurgie*, *Frommels Jahresbericht für Gynaekologie*, *Journal de Chirurgie*, *Mittheilungen a. d. Grenz. der Med. u. Chirurgie*, *Orthopedic Surgery*, *Revue de Chirurgie*, *Revue d'Orthopedie*.

No books have been purchased by the Finney Committee. One book has been donated to the Fund.

In addition to this the Committee has ordered the complete set of the seventy-seven volumes of the *Archiv für Klin. Chirurgie* and of the twenty-two volumes of the *Centralblatt für Chirurgie* required to complete our sets. These purchases will cost about \$500 and the Committee has arranged with the bookseller for their partial payment in 1913 and the payment of the balance in 1914.

The Committee feels that the Fund has enabled it to place in the Library all the important surgical journals and by assuming the subscription of such surgical journals as were formerly subscribed to by the Library Committee, has made it possible for the latter Committee to place upon the shelves other important medical journals for which their funds had formerly been inadequate.

In conclusion the Committee requests that the "Finney Fund" be placed in a box of a Safe Deposit Company to be selected by the House of Delegates and that this box shall never be accessible to less than three of the officers of the Faculty, designated for its care.

Respectfully submitted,
HARRY FRIEDENWALD
Chairman.

STATE BOARD OF MEDICAL EXAMINERS OF MARYLAND

EXAMINATION, JUNE 17-20, 1913.

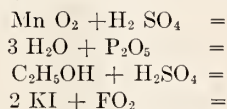
CHEMISTRY.

1. Distinguish between "chemical" and "physical" changes in matter and give an example of each.

2. (a) Define an acid. (b) Give formula of one inorganic acid and show how this formula fulfills the conditions stated in your definition. (c) Give the name and formula of one organic acid.

3. (a) Should a physician order iodide of potash and corrosive sublimate in the same solution, what chemical and physical changes would take place in the mixture? (b) Would the resulting products be harmful to the patient and, if so, which?

4. Complete the following equations:



5. Write the graphic formula of marsh gas and (b) illustrate by graphic formulae its relation to wood alcohol.

6. (a) What are carbohydrates? (b) Name three substances belonging to this group.

7. (a) Iodine. Give its (1) valence, (2) method of preparation, (3) test for iodine. (b) Give name and formula of one of its organic and one of its inorganic compounds.

8. How would you know that a given white powder was calomel and not ordinary bismuth?

9. Upon what chemical fact does Fehling's test for sugar depend?

10. (a) Give the most important constituents of normal gastric juice. (b) What is the action of normal gastric juice upon: (1) Proteids, (2) Fats, (3) Carbohydrates; in the ordinary course of digestion?

DR. A. L. WILKINSON,
Examiner.

Tuesday, June 17, 1913.

ANATOMY

1. Describe upper extremity of humerus, including attachments of muscles.
2. Name cavities of the heart and describe the valves.
3. Name salivary glands and locate orifice of their ducts.
4. Give foramen of exit from cranium, distribution and function of the pneumo-gastric nerve.
5. Name muscles of the eye-ball and eye-lids, and give their nerve supply.
6. Through what vessels does blood pass in going from the external saphenous vein to right index finger?
7. Name muscles on back of leg.
8. Describe the pharynx.
9. Describe gross anatomy of the liver.
10. Describe the thyroid body.

DR. HERBERT HARLAN,
Examiner.

Tuesday, June 17, 1913.

THERAPEUTICS

1. Explain the action of diphtheria and tetanus antitoxin as prophylactic and curative agents.
2. Write a prescription in Latin, without abbreviation, containing three ingredients which you would use in the treatment of acute pharyngitis.
3. Write a prescription in Latin, without abbreviation, containing four liquid ingredients; state conditions for which it is intended and give directions for its use.
4. Name three official preparations of ammonium and give their therapy.
5. Hyoseyamus. Its active principle, physiological action and therapy.
6. Belladonna. Its active principle, physiological action and therapy.
7. Digitalis. Its active principle, physiological action and therapy.
8. Give an example of a prescription showing a chemical incompatibility and describe the incompatibility.
9. Give the physiological action of nitroglycerine and indications for its use.
10. Name the chlorides of hydrargyrum, therapy, symptoms and treatment of poisons.

DR. J. McPHERSON SCOTT,
Examiner.

Wednesday, June 18, 1913.

MATERIA MEDICA

1. Bismuth, beta-naphthol, camphor and aspirin. The official preparations and dose of each.
2. Give source of sugar of milk, urotropin, phenol, pepsin and glycerine.
3. Name the alkaloids of nux vomica.
4. Belladonna. The official preparations and doses.
5. Cocain, codein, colchicum, colocynth. The official preparations and doses.
6. Define extracts: Give five official extracts with average dose of each.
7. Name three drugs which may produce a rash and describe such rash.
8. Write a prescription for 36 pills, for an adult, containing iron, quinin, strychnin and arsenic.
9. Name three external and three internal antiseptics and give strength in which they are generally used.
10. What are antitoxins? Name three. Give average dose and how administered.

DR. L. A. GRIFFITH,
Examiner.

Wednesday, June 18, 1913.

PHYSIOLOGY

1. Give reaction of the following and state cause of reaction: Gastric juice, blood, urine, and pancreatic juice.
2. Describe briefly the physical and morphologic changes of the leukocytes.
3. What are carbohydrates and what part do they play in the general metabolism?
4. Describe briefly the physiology of the clotting of blood.
5. Define anabolism, osmosis, dialysis and rigor mortis.
6. State some of the conditions which produce variations from the normal temperature of the body.
7. State briefly what is meant by the vasomotor nervous system.
8. Describe the fetal circulation. What changes in the circulation take place at birth? What is the physical condition of the child if such changes do not take place properly?
9. Describe the physiology of menstruation.
10. What is meant by secretions? What is the difference between external and internal secretions? Give examples of each.

DR. L. A. GRIFFITH,
Examiner.

Wednesday, June 18, 1913.

PATHOLOGY

1. Describe trichina spiralis, giving life cycle, and morbid anatomy of trichiniasis.
2. Mention two or more conditions that prevent the passage of urine from the male bladder, and describe the process which causes one of these conditions?
3. Mention six varieties of calculi and describe the formation and composition of one variety?
4. What are the signs of death? Sketch the method of doing a complete autopsy?
5. Give the pathological changes occurring in acute bronchitis?
6. Mention the lesions of typhoid fever. What is a typhoid carrier and how recognized? How is anti-typhoid vaccine prepared?
7. Describe the healing of an uninfected wound.
8. Give the characteristics of a malignant growth. Mention at least four varieties which affect the breast and describe one.
9. Discuss anaphylaxis.
10. Describe the morbid process occurring in a tuberculous hip which is untreated, resulting from bony ankylosis.

DR. H. M. FITZHUGH,
Examiner.

Thursday, June 19, 1913.

PRACTICE

1. Define: (a) Ulcerative stomatitis. What remedy is specific for this disease? (b) Argyle-Robinson pupil. In what disease does it occur? (c) Arthritis deformans. (d) Anuria. Hematuria. Polyuria. (e) Phlebitis. Mention a disease in which it occurs as a late complication.
2. Define: (a) Nephrolithiasis and cholelithiasis. (b) Landry's paralysis. (c) Name the various valvular diseases of the heart. (d) Enteroptosis. (e) Dysphagia. Name some diseases in which it occurs.

3. Diagnosis. Define: (a) Tonic and clonic spasms. (b) Hemoptysis and hematemesis. (c) Sibilant and sonorous râles. (d) What is Tic Douloureux and how would you treat it?

4. What are the physical signs of pulmonary solidification and pleuritic effusion?
5. Differentiate: Follicular tonsillitis and diphtheria.
6. Name the day of eruption in smallpox, chickenpox, measles and scarlet fever.
7. Give diagnosis of intestinal obstruction and name three types.
8. Treatment. Give treatment of nephritis and name both types.
9. Being called to a case of pulmonary tuberculosis in its early stages what symptoms would you find, and what measures would you employ?
10. Pellagra. What are its symptoms and how would you treat them?

DR. BRICE W. GOLDSBOROUGH,
Examiner.

Thursday, June 19, 1913.

SURGERY

1. Give symptoms and treatment of chronic purulent otitis media.
2. Name conditions which may cause inability to pass urine, with symptoms of each.
3. Give symptoms, diagnosis and treatment of Pott's disease in the dorsal region.
4. Symptomatology and treatment of acute glaucoma.
5. Give symptoms and treatment of a fracture of a rib. What complications may arise?
6. Give symptoms, diagnosis and treatment of cholelithiasis.
7. Give symptoms and signs of thoracic aneurysm.
8. Define surgical shock: give symptoms, signs and treatment.
9. A patient having received a severe blow over left temporal region, is unconscious for a time, paralysis coming on late. Discuss the possibilities.
10. Give symptoms, diagnosis and treatment of carcinoma of the rectum.

DR. H. L. HOMER,
Examiner.

Friday, June 20, 1913.

OBSTETRICS

1. Describe the changes that take place in the organs of the mother during normal pregnancy.
2. Give the classification of contracted pelvis.
3. Describe the sutures, fontanelles and protuberances of the presenting fetal head.
4. What is kyphosis and its influence on labor?
5. Give the diagnosis of tubal pregnancy before rupture.
6. Mention the different methods of dilatation of the cervical canal for delivery of the fetus.
7. Give the indications for version.
8. What are the dangers in forceps delivery?
9. Describe the physiological lochia.
10. Describe briefly the operation, trachelorrhaphy.

DR. J. A. STEVENS,
Examiner.

Friday, June 20, 1913.

SUMMARY OF RESULTS OF EXAMINATION HELD BY THE
BOARD OF MEDICAL EXAMINERS OF MARYLAND,
JUNE 17, 18, 19 AND 20, 1913.

NUMBER	COLLEGE OF GRADUATION	ANATOMY	SURGERY	PATHOLOGY	OBSTETRICS	PRACTICE	CHEMISTRY	MATERIA MEDICA	THERAPEUTICS	PHYSIOLOGY	TOTAL	AVERAGE
1	University of Maryland, '11.....	75	..	79	..	75	..	..	91	..	..	..
2	Woman's Medical College of Pa., '10.....	75	75	79	..	75	..	..	..	..	..	..
3	University of Vienna, '06.....	77	75	77	75	75	99	75	90	80	723	80
4	Maryland Medical College, '12.....	63	50	00	76	55	75	75	67	45	506	56
5	Johns Hopkins, '11.....	78	89	97	91	93	83	75	86	84	776	86
6	Baltimore Medical College, '12.....	75	..	75	..	75	..	..	..	..	..	..
7	Johns Hopkins.....	90	..	..	..	..	97	86	..	88	..	..
8	Johns Hopkins.....	81	..	..	..	..	100	66	..	78	..	..
9	University of Pennsylvania, '11.....	93	90	100	79	93	85	86	83	84	793	88
10	Johns Hopkins.....	79	..	..	..	..	95	57	..	77	..	..
11	University of Maryland, '11.....	77	75	75	70	69	68	63	67	75	639	71
12	McGill University, '08.....	90	85	97	89	86	99	91	96	96	829	92
13	Johns Hopkins.....	75	..	..	..	..	84	42	..	63	..	..
14	University of Maryland, '12.....	84	75	71	78	75	96	75	86	75	715	79
15	Maryland Medical College, '12.....	59	71	..	..	..	68	..	..	..	..	..
16	Johns Hopkins, '06.....	75	76	89	90	79	85	58	93	75	720	80
17	University of Maryland, '13.....	72	74	83	92	70	75	75	85	76	702	78
18	University of Maryland, '11.....	55	60	61	77	75	53	54	57	52	544	60
19	University of Maryland, '13.....	84	76	93	90	82	87	76	87	75	750	83
20	Johns Hopkins.....	93	..	..	..	..	100	67	..	75	..	..
21	Johns Hopkins.....	68	..	..	..	..	96	34	..	54	..	..
22	Johns Hopkins, '13.....	85	75	100	95	86	85	95	91	100	812	90
23	Johns Hopkins, '13.....	85	83	95	92	80	96	75	92	83	781	87
24	Johns Hopkins, '13.....	92	79	94	92	91	95	90	91	87	811	90
25	Johns Hopkins, '13.....	84	80	99	90	85	92	65	94	76	765	85
26	Johns Hopkins, '13.....	79	77	99	92	82	90	75	84	75	753	84
27	University of Maryland, '12.....	73	67	95	80	63	72	69	78	68	665	74
28	University of Maryland, '13.....	70	77	94	96	75	96	63	100	63	734	81
29	University of Maryland, '13.....	83	76	90	89	75	84	77	92	75	741	82
30	Col. of Phys. and Surgs., Baltimore, '13..	96	80	84	75	87	98	94	90	92	796	88
31	University of Maryland, '13.....	91	82	94	89	88	81	79	94	93	791	88
32	Maryland Medical College, '12.....	75	44	..	52	66	75	76	69	..	..	..
33	Maryland Medical College, '12.....	65	..	..	..	69	75	65	..	65	..	..
34	Maryland Medical College, '12.....	77	..	..	..	..	..	..	..	..	..	..
35	Maryland Medical College, '12.....	..	..	..	..	..	61	54	75	63	..	..
36	University of Maryland, '13.....	78	70	78	87	75	75	75	75	69	682	76
37	Jefferson Medical College, '02.....	65	67	64	..	..	43	75	..	62	..	..
38	Maryland Medical College, '12.....	66	44	50	75	..	78	75	84	63	535	..
39	Johns Hopkins, '13.....	75	81	87	92	84	88	59	87	75	728	81

NUMBER	COLLEGE OF GRADUATION	COLLEGE OF GRADUATION										AVERAGE
		ANATOMY	SURGERY	PATHOLOGY	OBSTETRICS	PRACTICE	CHEMISTRY	MATERIA MEDICA	THERAPEUTICS	PHYSIOLOGY	TOTAL	
40	Georgetown University.....	94	..	..	..	..	84	75	..	83	..	..
41	University of Maryland, '13.....	96	77	95	88	75	87	77	94	96	785	87
42	Johns Hopkins, '13.....	63	80	93	92	79	98	64	62	81	712	79
43	Johns Hopkins.....	82	..	..	..	..	85	75	..	75	..	..
44	University of Maryland, '13.....	90	80	93	94	81	90	65	88	88	769	85
45	Baltimore Medical College, '13.....	77	68	00	83	59	80	75	79	60	581	64
46	Johns Hopkins, '13.....	92	80	95	88	86	94	76	88	77	776	86
47	Johns Hopkins, '13.....	89	79	90	92	80	96	59	88	78	751	83
48	University of Maryland, '13.....	81	73	84	80	76	75	75	67	75	686	76
49	Jefferson Medical College, '13.....	98	91	59	93	90	89	78	84	84	766	85
50	University of Maryland, '12.....	81	..	79	..	..	80	..	..	78	..	..
51	Johns Hopkins, '13.....	85	79	94	86	81	90	83	86	77	761	85
52	University of Pennsylvania, '13.....	91	92	94	94	87	88	86	88	88	808	90
53	Johns Hopkins, '13.....	79	80	94	94	80	80	86	87	77	757	84
54	Maryland Medical College, '09.....	..	..	..	..	..	67	..	..	..	..	..
55	Johns Hopkins, '13.....	83	75	99	89	80	95	76	79	64	740	82
56	University of Maryland, '13.....	78	66	49	75	64	78	63	76	73	622	69
57	Johns Hopkins, '13.....	94	76	99	92	82	95	86	82	84	790	88
58	Maryland Medical College, '12.....	75	..	..	..	..	..	75	75	75	..	..
59	University of Maryland, '13.....	47	73	85	84	65	69	77	84	75	639	73
60	Johns Hopkins.....	69	..	..	..	..	95	53	..	75	..	..
61	Maryland Medical College, '11.....	75	56	57	79	67	63	66	90	62	615	68
62	Jefferson Medical College, '12.....	87	81	79	91	83	94	92	92	80	779	86
63	Johns Hopkins, '13.....	96	79	84	93	83	82	64	81	77	739	82
64	George Washington University, '13.....	95	78	82	87	80	82	75	80	80	739	82
65	Jefferson Medical College, '13.....	85	75	84	94	64	83	75	83	75	718	80
66	University of Berlin, '05.....	92	79	79	92	64	97	64	66	66	699	78
67	George Washington University, '12.....	80	75	84	91	79	95	89	82	82	757	84
68	University of Maryland.....	79	..	..	..	..	89	79	..	81	..	..
69	Maryland Medical College, '11.....	77	75	..	..	76	..	..	85	75	..	..
70	Baltimore Medical College, '13.....	85	74	84	81	91	94	88	89	82	768	85
71	Baltimore Medical College, '13.....	Failed to appear.										
72	George Washington University, '11.....	82	78	96	89	82	88	48	77	64	704	78
73	Johns Hopkins, '13.....	Failed to appear.										
74	Jefferson Medical College, '13.....	88	82	92	84	87	82	87	82	80	764	85
75	Woman's Medical College, '13.....	75	96	100	89	81	89	75	94	58	757	84
76	Baltimore Medical College, '13.....	75	72	83	93	79	99	75	80	82	738	82
77	Johns Hopkins, '12.....	88	83	92	80	86	83	86	90	86	774	86
78	Johns Hopkins, '13.....	93	78	97	83	79	95	75	79	81	760	84
79	Johns Hopkins, '13.....	80	80	100	94	80	96	83	97	85	795	88
80	Johns Hopkins, '13.....	74	95	98	79	85	95	58	69	75	728	81
81	Johns Hopkins, '13.....	93	79	94	90	85	97	79	72	82	771	86
82	Johns Hopkins, '13.....	86	80	99	93	84	98	82	79	77	778	86

SUMMARY OF RESULTS OF EXAMINATION

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NUMBER	COLLEGE OF GRADUATION	ANATOMY	SURGERY	PATHOLOGY	OBSTETRICS	PRACTICE	CHEMISTRY	MATERIA MEDICA	THERAPEUTICS	PHYSIOLOGY	TOTAL	AVERAGE
83	University of Maryland, '13.....	64	78	79	97	75	60	75	71	76	675	75
84	Johns Hopkins.....	90	..	..	..	..	96	87	..	75	..	..
85	Johns Hopkins.....	95	..	..	..	..	97	43	..	80	..	..
86	Johns Hopkins.....	93	..	..	..	..	100	75	..	77	..	..
87	Johns Hopkins.....	89	..	..	..	..	96	75	..	75	..	..
88	University of Maryland.....	76	..	..	..	..	82	85	..	75	..	..
89	University of Maryland.....	75	..	..	..	..	97	94	..	84	..	..
90	University of Maryland.....	92	..	..	..	..	99	93	..	83	..	..
91	Johns Hopkins, '13.....	94	76	97	79	89	95	80	90	94	794	88
92	University of Maryland.....	85	..	..	..	..	97	80	..	78	..	..
93	University of Maryland.....	90	..	..	..	..	97	89	..	83	..	..
94	University of Maryland.....	80	..	..	..	..	86	84	..	80	..	..
95	Col. of Phys. and Surgs., Baltimore, '13..	75	82	94	91	84	80	75	93	75	749	83
96	University of Maryland, '13.....	71	76	82	91	62	89	60	76	59	666	74
97	University of Maryland.....	76	..	..	..	..	94	77	..	75	..	..
98	University of Maryland.....	73	..	..	..	..	77	75	..	67	..	..
99	University of Maryland.....	79	..	..	..	..	75	81	..	80	..	..
100	University of Maryland.....	91	..	..	..	..	100	76	..	83	..	..
101	Johns Hopkins, '13.....	85	86	99	95	88	87	87	90	75	792	88
102	University of Maryland.....	94	..	..	..	..	91	79	..	75	..	..
103	University of Maryland, '13.....	84	82	81	93	75	75	88	96	82	756	84
104	Johns Hopkins, '13.....	88	80	93	91	80	89	83	91	80	775	86
105	University of Maryland, '12.....	97	77	82	75	66	95	75	61	84	712	79
106	University of Maryland.....	80	..	..	..	..	89	62	..	64	..	..
107	University of Maryland, '13.....	73	80	88	94	75	60	80	71	63	684	76
108	Johns Hopkins.....	92	..	..	..	..	98	83	..	86	..	..
109	Johns Hopkins.....	85	..	..	..	..	90	53	..	80	..	..
110	Johns Hopkins, '13.....	59	63	79	92	75	52	75	54	75	624	69
111	University of Maryland.....	80	..	..	..	..	90	90	..	84	..	..
112	Med.-Chir., Philadelphia '12.....	79	85	85	..	75	..	76	..	75	..	..
113	University of Maryland.....	83	..	..	..	..	95	89	..	75	..	..
114	University of Maryland, '13.....	93	91	89	80	75	88	75	87	89	767	85
115	Woman's Medical College of Penna., '13..	80	89	81	91	90	96	82	82	78	769	85
116	Medical College of Virginia, '13.....	67	76	79	77	68	75	80	64	65	651	72
117	Meharry Medical, '13.....	57	59	57	66	57	70	59	58	50	533	59
118	Med-Chir., Philadelphia, '13.....	94	76	82	91	83	78	81	75	80	740	82
119	Johns Hopkins, '13.....	82	79	88	90	84	97	89	76	86	771	86
120	Maryland Medical College, '12.....	40	71	52	70	60	50	64	82	42	531	59
121	University of Maryland.....	96	..	..	..	..	95	89	..	90	..	..
122	Johns Hopkins, '13.....	93	87	99	78	88	100	75	88	75	783	87
123	University of Maryland.....	90	..	..	..	..	77	78	..	81	..	..
124	Col. of Phys. and Surgs., Baltimore, '13..	75	74	81	70	64	93	76	77	66	675	75
125	University of Maryland.....	94	..	..	..	..	99	93	..	75	..	..

NUMBER	COLLEGE OF GRADUATION	COLLEGE OF GRADUATION										TOTAL	AVERAGE
		ANATOMY	SURGERY	PATHOLOGY	OBSTETRICS	PRACTICE	CHEMISTRY	MATERIA MEDICA	THERAPEUTICS	PHYSIOLOGY			
126	Ohio Eclectic, '12.....	71	53	67	83	70	69	38	75	50	576	64	
127	Meharry Medical, '13.....	67	66	67	69	79	75	60	69	55	607	67	
128	Woman's Medical College, Phila., '12....	88	77	95	92	75	98	75	86	82	768	85	
129	University of Maryland.....	74	..	..	..	..	84	79	..	80	...	..
130	Col. of Phys. and Surgs., Baltimore, '13..	74	78	81	94	75	84	67	83	83	719	80	
131	Col. of Phys. and Surgs., Baltimore, '13..	80	76	79	80	67	60	58	84	66	650	72	
132	University of Maryland, '13.....	90	79	82	89	80	88	67	81	94	750	83	
133	Medical College of Virginia, '13.....	76	75	69	88	70	75	64	87	71	675	75	
134	Temple University, '13.....	56	76	72	90	85	60	64	65	75	643	71	
135	Col. Phys. and Surgs., Boston, '11.....	41	70	54	75	57	60	78	77	66	578	64	
136	University of Maryland, '13.....	87	76	88	93	82	84	83	85	80	758	84	
137	Maryland Medical College, '12.....	75	75	..	..	..	..	75	..	75	...	..

In the above summary an average of 75 is required of those participating in the examination for the first time in order to secure a license. Those who have failed are eligible to re-examination at the expiration of six months. They are then obliged to receive a rating of 75 in each branch in which they are re-examined before license can be issued. Under the Maryland laws, students who, at the end of their second year, have successfully passed their college examination in anatomy, chemistry, materia medica, and physiology, are entitled to examination by the Board of Medical Examiners in these branches. The ratings made by these students in the examination known as the "second-year examination," are carried forward and made part of the final examination, when an average of 75 must be obtained to secure a license. We trust that this statement will make clear the apparently incomplete examination of certain participants.

DEATH NOTICES.

HUCK, JOHN GEORGE. The Memoir Committee of the Faculty announces the death of Dr. John George Huck, who was a member of the Baltimore City Medical Society, and of the Medical and Chirurgical Faculty. He died of organic heart disease at the Johns Hopkins Hospital, August 13, 1913. Aged 59 years.

Dr. Huck was born in Baltimore, Maryland, in 1850, and was graduated from the College of Physicians and Surgeons, Baltimore, Class of 1883. He lived at 647 West Lafayette Avenue during his whole thirty years of medical life.

Besides his widow, Mrs. Emma Gardiner Huck, he is survived by one son, John Gardiner Huck.

CORDELL, EUGENE FAUNTLEROY. The Memoir Committee of the Faculty announces the death of Prof. Eugene Fauntleroy Cordell, an ex-president of the Medical and Chirurgical Faculty, who died on Wednesday, August 27, 1913, aged 70 years.

He died at his home 257 West Hoffman Street, Baltimore, after an abdominal operation done with the hope of averting an otherwise fatal result. He was graduated at the University of Maryland, Class of 1868.

Professor Cordell was a distinguished scholar, and was long and intimately connected with the Medical and Chirurgical Faculty in various capacities. Dr. Osler says of him: "The Faculty never had a more devoted member, and in dark days he kept the fires burning." He was author of "The Medical Annals of Maryland," a History of the University of Maryland, and also editor of a medical journal, *Old Maryland*. He was founder and treasurer of the Home for Widows and Orphans of Medical Men.

He was born in Charlestown, West Virginia, June 25, 1843, and took an active part as an officer among the Virginia troops during the war of the rebellion.

He leaves a widow, two sons and one daughter. It might well be said of Professor Cordell: "This man was made of Heaven's finest clay."

NEWS ITEMS

NEW BUILDINGS FOR STATE HOSPITALS. Work has been commenced on the John Hubner Psychiatric Hospital at the Springfield State Hospital. The construction and equipment of this building will cost about \$150,000. It is to be used as a reception hospital and is well equipped with all modern facilities for the study and treatment of mental cases.

Contracts have been awarded and ground broken for the first of a series of buildings for the Eastern Shore State Hospital for the Insane at Cambridge. It is expected that the building will be completed by spring, for the reception of at least 200 patients.

CO-OPERATIVE PURCHASING COMMITTEE. The Co-Operative Purchasing Committee of the five State hospitals for the insane which has just been organized, will award bids for supplies for the five institutions for three months. The committee consists of the superintendent of each of the State institutions for the insane and feeble-minded and has direct charge of the purchasing of all supplies.

MEDICAL MEETINGS. The Committee of Arrangements of the American Medico-Psychological Association, Dr. J. Percy Wade, Chairman, are making extensive plans for the entertainment of the Association, which will meet in Baltimore on May 26-29, 1914. This will be the seventieth annual meeting.

The State Conference of Charities and Corrections announces the annual meeting for November 19-21.

PERSONAL. Dr. Adolf Meyer, Director of the Phipps Psychiatric Clinic, has returned from a two months' tour of the Continent.

The Physicians' Orchestra and Chorus will give a Musicale on Tuesday, November 11, in Osler Hall, for the benefit of the Book and Journal Club. The Musicale given last year for the benefit of the Building Fund of the Faculty was a great success. It is promised by those who are in touch with the Orchestra and Chorus that the forthcoming concert will be well worth attending. A special feature of the evening will be the selections by the quartet composed of Mr. Albert Hildebrandt, 'cello, Mr. Henry L. Menken, piano, Mr. Samuel Hamburger, violin, and Dr. John Wade, flute.

The Orchestra has been practising faithfully all summer under the direction of Dr. John Wade and will no doubt render a good account of itself.

The members of the Faculty should avail themselves of this opportunity to help the Book and Journal Club, as this is one of the most important adjuncts of the Faculty and at the same time encourage the Physicians' Orchestra and Chorus. Tickets will be mailed to each member of the Faculty at a later date.

BOOK REVIEWS.

Diseases of the Ear. BY PHILIP D. KERRISON, M.D., Professor of Otology in the New York Polyclinic Medical School and Hospital; Junior Aural Surgeon to the Manhattan Eye, Ear and Throat Hospital; Aural Surgeon to the Willard Parker Hospital for Infectious Diseases; Member of the American Otological Society; etc. 331 illustrations in the text and 2 full page colors. Price \$5. Published by J. B. Lippincott Company, Philadelphia.

This is unquestionably the best work on otology that we have today in the English language. It is a masterpiece and the author deserves the greatest praise for his labors and the highest success as a reward. The book is "up to date" in every particular; the newest work on the labyrinth, the most recent advances in surgery and the studies on the effect of vaccines and serums, are all set forth in a clear, comprehensive and judicial manner. The reviewer could, if he conceived it to be his duty, find some few points upon which to differ with the author but they would be mainly matters of personal opinion, and, the book is so generally excellent that he would be a carping critic indeed who found fault with it. It will surely find its place as a standard textbook of otology.

Textbook of Diseases of the Nose, Throat and Ear. By FRANCIS R. PACKARD, M.D., Professor of Diseases of the Nose and Throat in the Philadelphia Polyclinic Hospital and College for Graduates in Medicine; Aurist to the Out-patient Department of the Pennsylvania Hospital. Second edition, with 145 illustrations. Price \$3.50. Published by J. B. Lippincott, Philadelphia.

That a second edition of Dr. Packard's book should have been demanded in so short a time proves, better than anything the reviewer can say, the reception it has been accorded by a critical profession. It is essentially a book for the general practitioner and the student of these special subjects, rather than for the trained specialist, and it fulfils very satisfactorily its mission as a guide to his studies. The second edition is brought up to date by a re-writing of those chapters dealing with affections of the tonsils, and, with the newer work in bronchoscopy.

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OF THE

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Vol. VI

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No. 4

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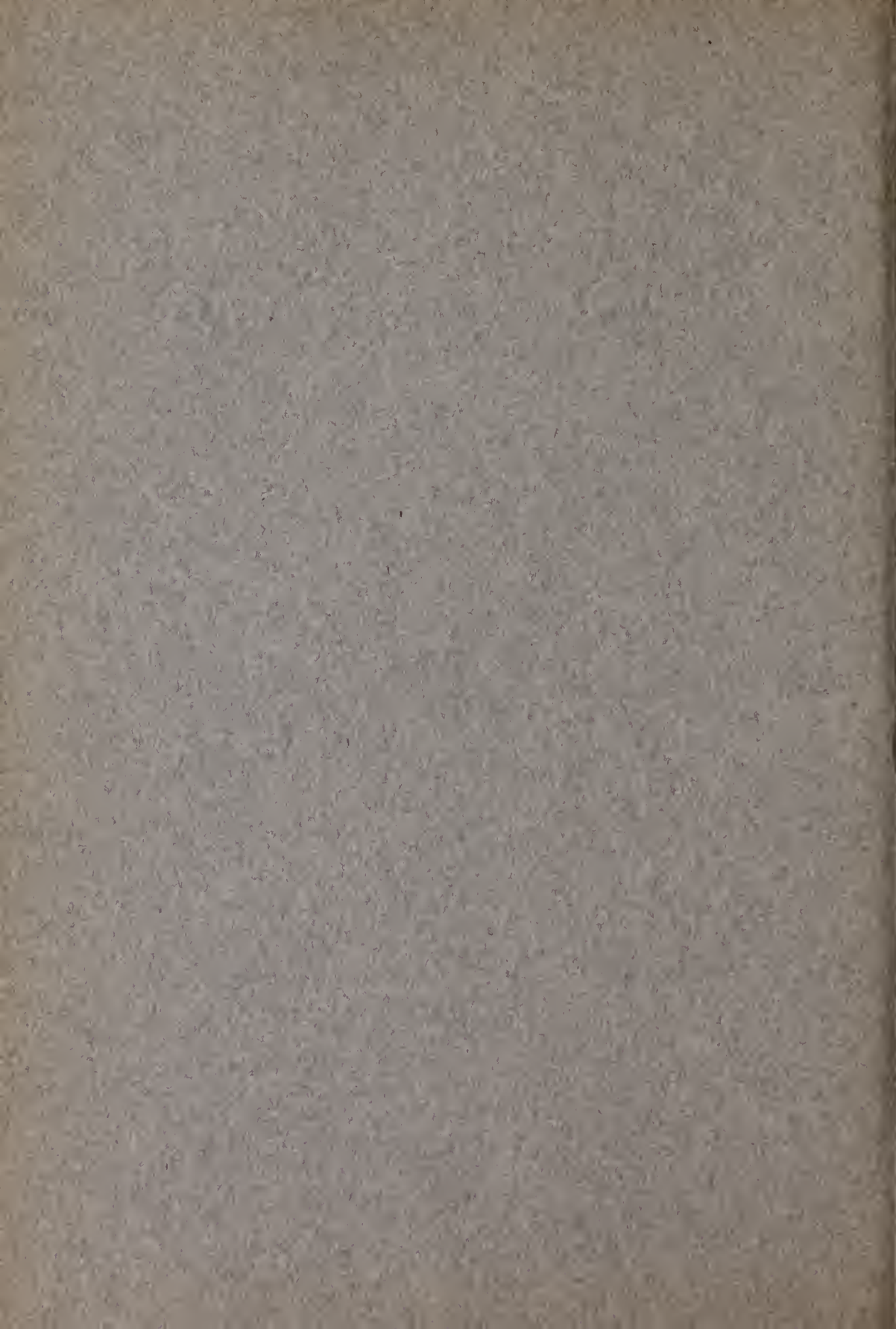
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MEDICAL SOCIETY MEETINGS

Component Societies of the Faculty, with a list of their officers and times of meeting

NOTE.—Secretaries are requested to advise the Secretary of the State Society promptly of the election of new officers in their respective Societies.

BALTIMORE CITY MEDICAL SOCIETY. President, HARRY FRIEDENWALD; Vice-President, WILLIAM H. SMITH; Secretary, EMIL NOVAK; Treasurer, W. S. GARDNER; Censors, R. WINSLOW, C. W. LARNED, C. E. BRACK; Delegates, J. C. BLOODGOOD, WILMER BRINTON, S. G. DAVIS, W. E. MAGRUDER, W. R. STOKES, GORDON WILSON, C. F. BURNAM, J. M. H. ROWLAND, JOHN T. KING, W. A. FISHER.

SECTION OF CLINICAL MEDICINE AND SURGERY. First and Third Fridays, 8.30 P. M., October to May. Chairman, J. STAIGE DAVIS, M.D.; Secretary, E. B. FREEMAN, M.D.

SECTION OF DERMATOLOGY. Third Wednesdays. Chairman, J. WILLIAMS LORD, M.D.; Secretary, I. R. PELS, M.D.

SECTION OF GYNECOLOGY AND OBSTETRICS. Second Fridays in October, December, February and April. Chairman, J. M. H. ROWLAND, M.D.; Secretary, EMIL NOVAK, M.D.

SECTION OF LARYNGOLOGY. Fourth Fridays monthly, 8.30 o'clock. Chairman, LEE COHEN; Secretary, G. W. MITCHELL.

SECTION OF MEDICAL EXAMINERS. Third Fridays in November and March. Chairman, J. D. IGLEHART, M.D.; Secretary, W. E. MAGRUDER, M.D.

SECTION OF NEUROLOGY. Second Friday, monthly. Chairman, A. P. HERRING, M.D.; Secretary, G. LANE TANEYHILL, JR., M.D.

SECTION OF OPHTHALMOLOGY AND OTOTOLOGY. Third Wednesdays. Chairman, C. A. CLAPP, M.D.; Secretary, L. B. WHITHAM, M.D.

ALLEGANY COUNTY MEDICAL SOCIETY. President, JOHN H. MCGANN, Barton, Md.; Secretary-Treasurer, CHARLOTTE B. GARDNER, Cumberland, Md.; Delegate, A. LEO FRANKLIN. Second Wednesdays of January, April, July and October; annual Meeting in January.

ANNE ARUNDEL COUNTY MEDICAL SOCIETY. President, T. H. BRAYSHAW, Glenburnle, Md.; Secretary, L. B. HENKEL, JR., Annapolis, Md.; Treasurer, F. H. THOMPSON, Annapolis, Md.; Delegate, C. R. WINSTON. Second Tuesday of January, April, July and October.

BALTIMORE COUNTY MEDICAL SOCIETY. President, A. T. GUNDRY, Catonsville, Md.; Secretary, J. C. MONMONIER, Catonsville, Md.; Treasurer, F. C. ELDRED, Sparrows Point, Md.; Delegate, H. L. NAYLOR, Towson, Md. Third Thursdays, April to October, 2 p. m.; November to March, 1 p. m.

CALVERT COUNTY MEDICAL SOCIETY. President, O. D. SIMMONS, Bowens, Md.; Secretary-Treasurer, J. W. LEITCH, Huntingtown, Md. Delegate, P. BRISCOE. Second Tuesdays in April, August and December; annual meeting second Tuesday in December.

CAROLINE COUNTY MEDICAL SOCIETY. President, W. W. GOLDSBOROUGH, Greensboro, Md.; Secretary-Treasurer, J. R. DOWNS, Preston, Md.; Delegate, H. W. B. ROWE, Hillsboro, Md.

CARROLL COUNTY MEDICAL SOCIETY. President, C. R. FOUTZ, Westminster, Md.; Secretary-Treasurer, H. M. FITZHUGH, Westminster, Md.; Delegate, M. D. NORRIS. April, July, October, December; annual meeting in October.

CECIL COUNTY MEDICAL SOCIETY. President, ERNEST ROWLAND, Liberty Grove, Md.; Secretary-Treasurer, H. BRATTON, Elkton, Md.; Delegate, G. S. DARE. Third Thursdays at Elkton, April, July, October, January; annual meeting in April.

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MEDICAL SOCIETY MEETINGS—Continued

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HARFORD COUNTY MEDICAL SOCIETY. President, A. F. VAN BIBBER, Belair, Md.; Secretary-Treasurer, Dr. CHARLES BAILEY, Bagley, Md.; Delegate, W. S. ARCHER. Second Wednesdays in January, March, May, July, September and November.

HOWARD COUNTY MEDICAL SOCIETY. President, W. R. WHITE, Ellicott City, Md.; Secretary-Treasurer, W. B. GAMBRILL, Ellicott City, Md.; Delegate, W. R. EARECKSON. Meetings (quarterly) first Tuesdays in January, April, July and October.

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SOMERSET COUNTY MEDICAL SOCIETY. President, G. T. SIMONSON, Crisfield, Md.; Secretary-Treasurer, H. M. LANEFORD, Princess Anne, Md.; Delegate, C. W. WAINWRIGHT, First Tuesday in April at Crisfield; first Tuesday in October, at Princess Anne.

TALBOT COUNTY MEDICAL SOCIETY. President, P. L. TRAVERS, Easton, Md.; Secretary-Treasurer, W. L. PALMER, Easton, Md.; Delegate, C. F. DAVIDSON. Annual meeting third Tuesday in November and semi-annual meeting third Tuesday in May.

WASHINGTON COUNTY MEDICAL SOCIETY. President, V. M. REICHARD, Fairplay, Hagerstown, Md.; Secretary, W. D. CAMPBELL, Hagerstown, Md.; Treasurer, J. R. LAUGHLIN, Hagerstown, Md.; Delegate, J. W. HUMRICHOUSE. Second Thursdays of February, May, September and November.

WICOMICO COUNTY MEDICAL SOCIETY. President, J. M. ELLERNICE, Mardella Springs, Secretary and Treasurer, H. S. WAILES, Salisbury, Md.; Delegate, G. W. TODD.

WORCESTER COUNTY MEDICAL SOCIETY. President, J. D. DICKERSON, Stockton, Md.; Secretary and Treasurer, J. L. RILEY, Snow Hill, Md.; Delegate, J. L. RILEY, Snow Hill, Md.

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STATE PRACTICE ACT

State Board of Medical Examiners—Herbert Harlan, J. McP. Scott, Harry L. Homer, James A. Stevens, H. M. Fitzhugh, L. A. Griffith, B. W. Goldsborough, A. L. Wilkinson.

Regular Meetings of the Board of Medical Examiners of Maryland—Fourth Tuesday in April; first Tuesday in June; first Wednesday in October; first Wednesday in December.

Regular Examinations—Examinations are held in Baltimore. Third Tuesday in June for four consecutive days. Second Tuesday in December for four consecutive days.

Maryland is in reciprocal relationship with the following States: Georgia, Illinois, Indiana, Iowa, Kansas, Kentucky, Maine, Michigan, Minnesota, Missouri, Nebraska, New Hampshire, Ohio, Oklahoma, S. Carolina, Texas, Vermont, Virginia, W. Virginia, and Wisconsin, subject to requirements and fees imposed by the respective States.

Information connected with Medical Examinations and licensure by addressing Secretary, J. McP. Scott, Hagerstown, Md.

THE BULLETIN

OF THE

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THE BULLETIN

OF THE

MEDICAL AND CHIRURGICAL FACULTY OF MARYLAND

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NOTE: The Publication Committee desires to receive suggestions from members of the Faculty, that will in any way improve the Bulletin.

Vol. VI

BALTIMORE, OCTOBER, 1913

No. 4

LIBRARY ADVANTAGES.

Along with the other activities of the Faculty, which are gathering forces for the winters work, the Library claims attention. This season better facilities are provided than ever before for the assistance of those who use the Library, and members are urged to get "the Library habit."

The regular hours, 10 a.m. to 10 p.m., were resumed on September 15, with a special night clerk in charge. So many calls have been made for assistance in hunting up references that an attempt will be made to comply with such requests during the evening hours. The night clerk, who has a working knowledge of French and German, will be glad to render any assistance possible which will not interfere with the routine work.

A list of some of the new books is given in this issue and the Library Committee asks that members will suggest any books that should, in their opinion, be purchased. Funds are limited, but with the Frick Fund, Finney Fund, Baker Fund and Book and Journal Club a few on each branch of medicine and surgery may be purchased every year. These, with the gifts, and the books obtained by review in the BULLETIN, supply most of the best new material.

The privileges of the Library are extended to students in the various medical schools upon presentation of a note from the Dean or their matriculation card; but they may not borrow books except upon the written order of a member. Teachers in the medical schools should see to it that their students are taught how to handle books and to do medical literary work. Let the Library help you to help them.

SEMI-ANNUAL MEETING,
HAGERSTOWN, OCTOBER 21 AND 22, 1913.

PROGRAMME.

TUESDAY EVENING, 8 P. M.,	COURT HOUSE.
Address.....	DR. J. McPHERSON SCOTT, Mayor, Hagerstown.
Reply	DR. A. C. HARRISON, President, Medical and Chirurgical Faculty.
Milk supply in Maryland....	DR. CARROLL FOX, Surgeon, U. S. Public Health Service.
Water systems and sewage...	MR. R. B. MORSE, Chief of Bureau of Sanitary Engineering, Md.

RECEPTION will be given the members at the close of the meeting by DR. J. McPHERSON SCOTT, at his home, 131 West Washington Street.

WEDNESDAY MORNING,	COURT HOUSE.
9 A. M. HOUSE OF DELEGATES.	
9.30 A. M. SCIENTIFIC SESSION.	
The medical aspects of the alcoholic problem.....	DR. W. H. PEARCE.
A rare ocular complication of diabetes mellitus.....	DR. L. B. WHITHAM.
Late results of the Whitehead operation.....	DR. H. B. STONE.
The duodenal tube and its uses.....	DR. A. H. CARROLL.
Present status of radium and other radio-active sub- stances in the treatment of new growths.....	DR. C. F. BURNAM.
Mesothorium	DR. ERNEST ZUEBLIN.
Traumatic arterio venous aneurysm of the external iliac vessels in a boy of seven years. Operation, transfusion, recovery.....	DRS. PEREGRIN WROTH AND B. M. BERNHEIM.
The Public Health Exhibit.....	DR. S. J. FORT.
The value of the Library to the county practitioner..	M. C. NOYES, Librarian.

LUNCHEON, 12.30 m. DRS. D. C. R. MILLER AND V. D. MILLER, JR., will entertain at luncheon at their house, 135 Washington Street.

If a sufficient number signify their intention of going by Saturday, October 18, the Western Maryland R. R. will run a special afternoon train on Tuesday, leaving Union Station about 4 p. m., and on the return leaving Hagerstown at 4 p. m. Wednesday. SPECIAL ROUND TRIP RATE, \$3.50. If this number is not obtained those desiring to go *via* Western Maryland R. R. should take the 9.25 train Tuesday morning, as there is no early afternoon train. Regular fare \$4.50 round trip.

JOHN FONERDEN, M.D.

Sketch of his family, life and service, and presentation of his portrait, the gift of the Board of Managers, Spring Grove State Hospital to the Medical and Chirurgical Faculty of Maryland, at a joint meeting of the Maryland Psychiatric Society and the Book and Journal Club, March 18, 1913.

By ARTHUR P. HERRING, M.D.

Secretary State Lunacy Commission.

A short while ago I learned from the Rev. Willard Day that he held in his possession the only portrait of Dr. Fonerden in existence. Through the kindness of Dr. J. Percy Wade, and the generosity of the Board of Managers of the Spring Grove State Hospital, I have the honor to present, on behalf of the Board, an enlarged copy of this portrait to the Medical and Chirurgical Faculty of Maryland.

Although nearly half a century has elapsed since the death of Dr. Fonerden, no special mention has ever been made of the active interest he took in the affairs of the Faculty or of his services in caring for the insane, other than very meagre biographical notes, in Quinan's and Cordell's "Annals" and more recently a sketch in Kelly's "Cyclopedia of American Medical Biographies," which was compiled from an article in the *Baltimore American* by Rev. Willard Day. In the *American Journal of Insanity*, resolutions concerning his death were found and a few brief memorial notices. In gathering the data for this sketch, I have been fortunate in being able to get in touch with the few remaining relatives and obtaining facts hitherto unpublished.

The first of the family in Germany to bear the name, von Erden, was knighted on the field of battle for valiant service to his king, hence the name "von" as noble and "Erden" or earth, nobleman of the earth.

The coat-of-arms (a reproduction of which is on the portrait) is a copy of the original brought to this country by Johann Adam von Erden. It contains two bishops crosses, a knight's head in armor, and a shield surrounded by palm branches, indicating that the arms were granted during the crusades, it being the custom of the crusaders to return bearing branches of palms.

Johann Adam von Erden, of Knittingen, in the Grand Duchy of Baden, was the first one of the family in America, and landed in Philadelphia, September 21, 1741, via the ship *St. Mark*, sailing from Rotterdam and Cowes.

He and his wife were buried in the grounds of the old German Church on Vine Street, Philadelphia. Later, when the church was moved, and the grounds converted into Franklin Square, their tombs were laid flat and covered with sod.

They left two sons, Christian and Adam von Erden, the latter, Dr. John Fonerden's father, was born February 17, 1750, in Germantown, Pennsylvania.

Before 1788 Adam von Erden moved to Baltimore, where he served several terms in the first branch of the City Council. It was during this period of his life that his name became Anglieized to Fonerden. On October 5, 1797, he was elected to the General Assembly of Maryland.

His first wife, Martha McCannon, gave birth to nine children, the last child, namely, William Hawkins, born March 15, 1790, married Keziah Marshall, whose son, William Henry, became a physician and editor, and the latter's son, Clarence A. Fonerden, now residing in Baltimore and in business on North Gay Street, is the last male member bearing the name "Fonerden." As there have been no children born to Clarence A., the name "Fonerden" will become extinct at his death. He is now 72 years old and a veteran of the Civil War, an ardent Southerner and a gentleman of refinement and culture. He has written numerous poems and several sketches of his experiences during the Civil War, a copy of his latest production he has kindly presented to the Library.

Adam Fonerden's second wife, Esther Marshall, had two children:

John, born January 22, 1804, the subject of our sketch, and

Mary, born 1808, who married Jas. C. Sellman,

whose descendants are now living in Baltimore. John Fonerden married Jessie Hamilton of this city, who had four children, all of whom died unmarried.

Adam Fonerden died in 1817, when his son, John, was thirteen years of age, who being of a studious and ambitious nature, selected from his father's library, books which he found especially interesting, among these were a number by Emanuel Swedenborg. Dr. Fonerden's father had been one of the first converts to Swedenborgianism in America. Being more contemplative than controversial, he never spoke freely concerning his religious views; while his mother who was of a refined and gentle nature was for many years a consistent and valued member of the Wesleyan church.

It is said that when a young man, John Fonerden was a hard worker as a student, that he lived within his means and never wanted to borrow any money. He was gentle, courteous and always considerate of the opinion of others. He was fond of having them do things their own way. He had no desire to persuade people and took his pleasure in seeing other people happy. He was a diffident young man, especially in the society of ladies, but he found that it was necessary in his medical practice that he should overcome this defect, so he resolved when he set out in society, that in all assemblies afterward he would take pains to speak to every lady in the room and try to say something pleasant to her, the result being that he became a

universal favorite with ladies and there may be some still living who remember his wonderfully gracious, gentle and courtly manner.

In the doctrines of Swedenborg, Dr. Fonerden became greatly interested and, in fact, was an enthusiastic Swedenborgian all his life. At his death he left \$20,000 to the Swedenborgian church.

John Fonerden received his degree, Doctor of Medicine, from the University of Maryland in 1823, when but 19 years old. His thesis on this occasion has not been preserved. He was the Attending Physician, Baltimore General Dispensary, 1826-28; President, Medico-Chirurgical Society, 1831; Orator, Medical and Chirurgical Faculty, 1833, the oration, if printed, has not been located; Secretary, Medical and Chirurgical Faculty, 1828-34; Librarian of the Medical and Chirurgical Faculty, 1830; City Physician, 1832; Professor of Obstetrics and Diseases of Women and Children, Washington University, Baltimore, 1845-46; Medical Superintendent, Maryland Hospital for the Insane, 1846-69; Vice-President, Medical and Chirurgical Faculty, 1854-55.

Dr. Fonerden was a member of the American Medico-Psychological Association and at the fifth meeting of the Association, held in Boston, 1859, read a paper on "The Brain is Modified by Habits." This paper, while brief, is so very practical and applies with equal force to present day conditions that it is reproduced in large part:

The right growth of the brain in childhood is promoted or hindered by the habits which are formed in the nursery. Happy is that infant whose mother is its nurse; thrice happy, if the mother has faith in useful knowledge and applies it diligently to the gentle training of the bodily functions. The infant is an animal, born with the faculty of becoming rational. He may be so ignorantly managed that this glorious faculty may be almost extinguished, or he may have the blessed advantage of an infantile education which will lay the foundation of goodness, intelligence, usefulness and every virtue, the active exercise of which is necessary to make a human being more and more rational in his progressive pilgrimage on earth.

It is not so necessary that a mother should know what others have to say of rules for the proper discipline of her little pupil, as it is that she should well understand the end which is ever to be kept in mind as a ray of light from Heaven to guide her, namely, so to take care of and prepare the corporeal habits of the child as to qualify the body to be a good instrument for the use of the mind. Nor is the mother to be left unaided in the nursery. The father's duties are as important, if not as uninterrupted as the mother's. Besides contributing his best thoughts to the service of the young being, to whom he has transmitted a share of his own mental and bodily qualities, he ought by his habits of affection and attention to aim to bend the instinctive capricious habits of his offspring into harmony and order.

When both parents unite their endeavors to learn how to fulfil so noble an end, the way of improvement, in their knowledge of the details of what is to be done, is revealed to them as circumstances arise, by the Source of all Wisdom.

Every habit which a child acquires has its own natural effect on the brain, and modifies it for good, or for ill. This is true from the earliest stage of infancy. If the habits are allowed to be of spontaneous development, and to remain not directed, or not bent into order by the rational mind of an adult, then it must happen that these

habits being merely of an instinctive or animal nature, their influence on the germ-mind and brain will be to keep them in the state of animal mind and brain, and the faculty of being rational will be as it were covered in a grave.

Any thoughtful observer of what transpires in the conduct of young children may see a thousand illustrations of the principle that a habit affects a child's mind favorably or unfavorably. Notice a child's face-expression in any instance when the child is in the act of indulging in a bad habit, however simple and harmless that habit may appear to be; as, for example, sucking a thumb, biting the nails, or twirling the hair with the fingers, and you will see a clear indication of the state of mind and brain very far from being as intellectual and beautiful as that always noticeable when the child is in an act proceeding from a good habit. If single acts are thus demonstrably attended with visible modifications of the influence flowing from the brain into the face, how plain it is that a succession of acts pertaining to a good habit, will give to the brain a permanent habit of order in its progressive formation, and in its functions, precisely in the ratio in which there is an absence of all wrong habits.

The principal portion of the decalogue is a warning to men not to practice sinful habits. For they debase the mind—debase the brain—and then the brain being thus debased, the mind becomes still more so, until the rational faculty falls into the insane and deadly embrace of the untamed animal propensities.

How to bend the habits of children into order is a science and art, to be thoroughly learned in the steady and rational experience only of a mind that is bending its own habits aright in obedience to the Divine Will.

No further record of his medical writings, if there were any, has been found.

From Cordell's "Annals," we read that in 1830 the fees from licenses received by the Faculty through thirty years now amounted to several thousand dollars, nearly all of which was invested in bank stock. At the annual convention, it became often a topic of general conversation how these funds could be used so as to answer best the objects proposed in the charter. Everything had been done that was possible to "prevent the citizens from risking their lives in the hands of ignorant practitioners or pretenders to the healing art," but could the same be said with regard to "promoting and disseminating medical and chirurgical knowledge throughout the State?" An enlightened and far-seeing member of our body did not think so and at the annual meeting of 1830, Dr. Samuel Baker, of Baltimore, offered the following resolution:

Resolved, That a committee of five, to be called a Library Committee, be appointed to purchase such periodicals and other standard works in medicine as they may deem proper, to be placed in some suitable situation for the use of the members of the Medical and Chirurgical Faculty of the State; and that this committee be authorized to draw on the Treasurer for an amount not exceeding \$500 for the purpose above-mentioned, and that this committee report at the next meeting of the convention. It is also made the duty of this committee to draw up such rules and regulations as may be necessary for the safe keeping and management of the library so procured.

Committee: Samuel Baker, Peregrine Wroth, Wm. W. Handy, John Fonerden and H. W. Baxley. Dr. Fonerden was appointed Librarian at

a salary of \$100 per annum. Large donations of books were made by members of the Faculty, Dr. Fonerden taking the lead.

"The existence of such a collection," says Dr. Fonerden, Chairman of the Library Committee (Md. Med. and Surg. J., vol. i, 1839) "as the catalogue of this library announces to be at the command of the members of the corporation throughout the State, is one of the results of the care with which the Faculty has endeavored to use its funds wisely for a permanent diffusion of medical and surgical knowledge." It is evident from this record that Dr. Fonerden was the first Librarian of the Faculty, an event which is noteworthy and of sufficient historic importance to justify the Book and Journal Club commemorating his memory upon this occasion, and in the presentation of his portrait to the Faculty, of which he was a valued and honored member for so many years.

The members of the Maryland Psychiatric Society are especially interested, however, in another phase of Dr. Fonerden's career. Dr. Fonerden was appointed Superintendent to the Maryland Hospital for the Insane in 1849, and held this office for twenty-three years, or until the time of his death. A letter from Dr. Richard Sprigg Steuart, the President of the Board of Managers of the Maryland Hospital to Dr. F. T. Stribling and printed in the *American Journal of Insanity*, vol. xxviii, is interesting in this relation. Dr. Steuart writes:

In selecting Dr. Fonerden, I was governed by my knowledge of his mind and his heart. In morals, I knew him to be as perfect as a "true woman." His general acquirements well fitted him for the undertaking, but his own modesty, and his deficiency in natural combativeness, made him shrink from the idea. He had married a lively lady and had a small family all equally repugnant to contact with the insane; nor could he be brought to consent, until I promised to provide for him a separate residence at some distance from the hospital. So diffident was he as to his fitness for the position that he also stipulated for the privilege of resigning in a year, if he could not become educated to it. In a few months, however, he grew familiar with his duties, and gave finally a striking proof of the power of mind over matter, for he undertook to brave the supposed dangers of a mad-house by the force of his will and a sense of duty. Cautious he always remained but never terrified. He had a calm, benevolent, yet determined expression of countenance that gave command to all around him and seldom had he to resort to other means than personal manner to control his subjects. Though his position was subordinate, the perfect harmony between his chief and himself, made but one mind in operation, and for twenty-two years he had the unlimited control of the Maryland Hospital, and the highest confidence of its Board of Visitors.

Dr. Fonerden was Superintendent of the Maryland Hospital for the Insane for a longer period than any of his predecessors, or than any of his successors, Dr. J. Percy Wade, the present Superintendent, being next in length of service. During Dr. Fonerden's incumbency in office, the hospital passed through a very trying period. The financial stringency resulting from the Civil War made it almost impossible to collect payment from the counties

for their patients. The hospital existed during the sixties and that was about all, the existence being a very precarious one. In looking over the printed reports for this period, it is evident that they were indeed perilous times. A so-called annual report was issued about every three or four years. We find, however, in several of the earlier reports some interesting statements, which indicate that Dr. Fonerden had a keen appreciation of the needs of the insane and a clear understanding of the causes of mental disease and the measures necessary to prevent mental dissolution, as well as to upbuild a healthy race. Quoting from his report to the Board of Managers for 1850, we read:

It is now generally known that the insane are more wisely treated than they were before the reform introduced by Pinel at the termination of the last century, and that they are regarded as afflicted fellow creatures, whose claims on us for protection and sympathy are imperative, in proportion to their ability to provide for themselves and to shun dangers. Guided by the spirit of the age, the Maryland Hospital is conducted with an aim to use all of the facilities it can command for the restoration of its patients to a healthful state of mind; or if so happy a result be unattainable, to provide for them permanently when necessary, and to keep them as much as possible from mental and bodily vigilance, a diligent application of knowledge and a kind service in onerous duties, on the part of those employed in hourly intercourse with the inmates committed to their care. It affords me a sincere gratification to record an approval of the faithfulness of the steward, the matron, the first attendant, and the persons who are employed throughout the institution. The painstaking which it has required to obtain an organized and intelligent corps of harmonious co-workers has not been without a rich reward in the satisfaction that flows from witnessing good manners, obedience to law, love of order and cleanliness and gentle courtesies to patients.

It is gratifying to know that many of the most intelligent men in the medical profession are devoting themselves, with a growing earnestness, to the study of the reciprocal relations of psychology and insanity, of physiology and pathology, with a view to apply to these complicated studies, in the respective asylums, the searching methods of progressive inquiry and use, now the order of the day in all departments of science and art. He must indeed be a sceptical man who is unwilling to believe that the labors of rational inquiries will result in revealing better knowledge than is yet recorded in medical writings, for the management of the insane, and for a more certain restoration of all recoverable cases. Yet who can doubt that if it enters not into the plans of the Divine Will to effect a marvelous change in the organic structure of the race, and a suspension of the laws of hereditary transmission, permanent insanity will continue to effect a large part of mankind as a consequence of disease, of defective training in early life and of various accidents.

Defective training in early life: How important then it is that childhood and youth should be gently led by patient and loving help, both in play and at pleasant work, into innocent habits of the body. For so far as such conjoint habits become identified with the physiological life, they will combat triumphantly many a hereditary peculiarity, mental and corporeal, and they will be strong in vital power to resist the invasion of disease. More than this: becoming in due time subservient to the religious principle in its legitimate works of sincerity and justice, they will surely generate a purity of purpose in the discharge of domestic and all other duties; and thus by exempting the mind from an abiding place for selfish thought and inclination,

they will be a safeguard against many of the secondary causes of disordered ideas and emotions, of incoherent speech and impulsive actions.

So may the human mind, apart from the blighting power of unavoidable disease and accident, gradually work out its emancipation from the infirmities of a natural temperament; so can it earn the faculty of living in freedom according to reason.

We see here a foreshadowing of the present day conception of the psychological aspect of mental disorders.

Again in his report for 1858, we see expressed in vigorous terms just the methods which we are attempting to put into use in our institutions today, concerning the occupation and recreation of patients.

He says:

It is essential to have well constructed buildings with many modern conveniences, extensive and well arranged grounds, a proper organization of officers and attendants, judicious medical treatment and wise government. But the particular method of doing most good to the patients, in connection with the medical treatment—the method which ought to be regarded as of the greatest importance to their welfare while they are secluded from the world, is, to furnish a variety of agreeable and useful occupations through the instrumentality of abundant means.

This was written fifty-five years ago and we are just beginning to use a “variety of agreeable and useful occupations” by the employment of a special Director of Industries and Recreations. The “diversional occupation” advocated half a century ago by Dr. Fonerden is being realized today in only a few of the States, Maryland fortunately is taking the lead. The employment of “willing workers” on the farm and about the hospital has always been practiced more or less. This work, however, is monotonous, uninteresting, and while useful of course, it certainly is not especially agreeable. “To furnish a variety of agreeable and useful occupations through the instrumentality of abundant means” embraces everything that we understand today in this method of work-therapy, or the “diversional occupation of the insane.”

The Maryland Hospital for the Insane, now called the Spring Grove State Hospital, has achieved a reputation the country over for its industrial life. The well equipped printing department, the willow industry, clothing, shoes, tinware, carpeting, etc., are all conducted on a very extensive plan. More recently occupation and recreation, especially for the women, have been introduced under the direction of a trained teacher and are used as a therapeutic agent in treating the patients. The results achieved by this method were demonstrated on an extensive scale at the recent exhibit of mental hygiene, held in this building a few weeks ago.

Dr. Fonerden was one of the Charter Trustees of the Johns Hopkins University and Hospital. Unfortunately he did not live to see the beginning of this now famous institution.

Johns Hopkins was a member of the Board of Managers of the Maryland Hospital for the Insane and no doubt was in daily contact with Dr. Foner-

den. It is said that he was Johns Hopkins medical adviser and that he frequently discussed with Johns Hopkins the organization of the great university. It is only fair to assume that Dr. Fonerden was influential in some degree in the founding of the Johns Hopkins Hospital and University.

Johns Hopkins, it is said, was present at Dr. Fonerden's funeral. The next day he sent the family \$200, apologizing to Mrs. Fonerden for doing so by saying the money was for services which Dr. Fonerden had rendered him without sending any bill.

Though Dr. Fonerden had passed his three score and five years, he was not worn out, and, but for a local affection, would probably have much longer discharged with energy and efficiency the duties of his position. For many years he had been inconvenienced by scrotal hernia. Hydrocele, with varicose vessels of the spermatic cord, supervened. This complication interfered materially with his personal comfort, and as he believed, impeded his usefulness. He thought of the surgeon's knife as affording the only remedy, consulted medical and other friends in Baltimore, and was advised against such resort. In April, 1869, he visited the Massachusetts General Hospital, at Boston, in order to avail himself of its far-famed advantages. There, too, he was discouraged by surgeons and friends from the undertaking, but he seemed to have resolved on the experiment and as the result of his importunities, an incision was made, probably by way of mere exploration. The operation is said to have extended no further than "the opening of a few cysts, the contents of which were discharged."

Inflammation was followed by suppuration, and gangrene soon supervened. That mind which so long and so successfully directed and controlled the disorganized intellects of others, lost its balance and gave utterance chiefly, if not entirely, to the promptings of delirium. But a few days elapsed, until death came to his relief."

In the *Journal of Insanity*, vol. xxvi, October, 1869, the following resolution offered by Dr. Walker is found:

Resolved, That in the death of Dr. John Fonerden, Superintendent of the Maryland Hospital, Baltimore, this Association has lost one of its early and valued members; the cause a tried and faithful supporter; the community a Christian gentleman, and ourselves a genial and true-hearted friend.

Resolved, That we sympathize with the Managers of the Maryland Hospital for the Insane in the loss of their devoted, long-serving and judicious Superintendent.

Resolved, That our hearts ache for his stricken family in their sudden and great bereavement.

Numerous tributes were paid to Dr. Fonerden by the various members of the Association of Medical Superintendents, showing in what high esteem he was held by his co-workers and associates. Dr. Ray said:

Perhaps there never was a member of the Association and a member of it so long, who was so little known generally as Doctor Fonerden. He was not fond of speaking

on medical subjects; indeed, I think, he was not very much interested in the literature of his profession. At the meetings of the Association I was thrown much in his company. I think he liked me; I know I liked him. That intercourse was sufficient to impress me with the childlike simplicity of his character, and the remarkable purity of his life. He was fond of thinking of the higher branches of religious and moral science, and was also fond of talking on those subjects; and it was in regard to such that our conversation was chiefly confined. I think that we all can join in the sentiment which has been here expressed in reference to his death, that the profession and the world has sustained a great loss.

Dr. Fonerden died in Boston at the Massachusetts General Hospital on May 6, 1869, as before stated. His remains were brought to Baltimore and interred in Greenmount Cemetery on May 8. Rev. Willard G. Day, a Swedenborgian minister, delivered an address at the funeral, which was printed in the *New Jerusalem Magazine*.

Who that bears
A human bosom hath not often felt
How dear are all those ties which bind our race
In gentleness together, and how sweet
Their force, let Fortune's wayward hand the while
Be kind or cruel.

APPLICANTS FOR MEMBERSHIP IN THE BALTIMORE CITY MEDICAL SOCIETY.

To be held on Friday, October 17, 1913.

CARTER, H. R., United States Marine Hospital.

Place of Birth, Caroline Co., Virginia.

Medical College, University of Maryland

Date, 1879.

Date of State Certificate, had none.

Recommended by Drs. Harry Friedenwald and Emil Novak.

EISENBERG, ADOLPH C., 2213 Orleans Street.

Place of Birth, Germany.

Medical College, Baltimore University School of Medicine.

Date, 1894.

Date of State Certificate, May, 1894.

Recommended by Drs. Alfred Whitehead and H. H. Biedler.

KEYSER, R. L., Wentworth Apartments.

Place of Birth, Washington, Va.

Medical College, Baltimore University.

Date, 1907.

Date of State Certificate, June, 1912.

Recommended by Drs. A. C. Harrison and H. C. Davis.

PRICE, ROBERT W., 1337 N. Caroline Street.

Place of Birth, Baltimore, Md.

Medical College, Baltimore Medical College.

Date, 1897.

Date of State Certificate, November, 1897.

Recommended by Drs. E. H. Hayward and S. T. Earle, Jr.

RECENT ACCESSIONS TO THE LIBRARY.

AUTHOR	TITLE	DATE	SOURCE
Abderhalden, Emil	Synthese der zellbausteine in pflanze und tier	1912	Dr. J. W. Williams
Amer. Asso. of Obstet. and Gyn.	Transactions. Vol. 25	1913	A. A. of O. & G.
Amer. Gastro-Enteriologal Asso.	Transactions. Vol. 14-15	1911-12	Amer. Gastro. Enter. Asso.
Amer. Pediatric Soc.	Transactions. Vol. 24	1912	Amer. Ped. Soc.
Amer. Phar. Asso.	Proceedings. Vol. 59, 1911	1913	Amer. Phar. Asso.
Ashton, W. E.	A text-book on the practice of gynecology. 5th ed.	1912	W. B. Saunders Co.
Asso. of Amer. Physicians	Transactions. Vol. 27	1912	Asso. of Amer. Phys.
Barclay, A. E.	The stomach and oesophagus	1913	Sir William Osler
Bayly, H. W.	The clinical pathology of syphilis and parasymphilis	1912	Frick Fund
Bergey, D. E.	The principles of hygiene. 4th ed.	1912	W. B. Saunders Co.
Berkart, J. B.	On bronchial asthma. 3d ed.	1911	Sir William Osler
Berkeley, C. and Bonney, V.	The difficulties and emergencies of obstetric practice	1913	Frick Fund
Biedl, A.	Internal secretory organs	1912	Frick Fund
Bishop, L. F.	Heart disease, blood-pressure, and the Nauheim-Schoett treatment. 3d ed.	1909	Dr. W. S. Thayer
Boas, Franz	Changes in bodily form of descendants of immigrants	1912	Frick Fund
Boston City Hosp.	Medical and surgical reports. Vol. 16	1913	Boston City Hosp.
Brill, A. A.	Psychoanalysis.	1912	W. B. Saunders Co.
Britannica year book. 1913		1913	Faculty
Bulkeley, L. D.	Diet and hygiene in diseases of the skin	1913	Frick Fund
Bythell, W. J. S. and Barclay, A. E.	X-ray diagnosis and treatment	1912	Frick Fund
Cabot, R. C.	Physical diagnosis. 5th ed.	1912	Frick Fund
Cambridge, P. J.	Glycosuria and allied conditions	1913	Frick Fund
Cathcart, E. P.	The physiology of protein metabolism	1912	Frick Fund

Cathell, D. W. and W. T. College of Physicians of Philadelphia	Book on the physician himself. 12th ed.	1913	Dr. D. W. Cathell
Cotar, C.	Transactions. Vol. 34	1912	College of Physicians
Davis, E. P.	The mineral waters of Vichy	1913	Sir William Osler
Davis, H.	Operative obstetrics, etc.	1911	W. B. Saunders Co.
De Lee, J. B.	Skin diseases in general practice	1913	Sir William Osler
Deutsche Pathologische Ges.	Principles and practice of obstetrics	1913	W. B. Saunders Co.
Dock, L. L.	Verhandlungen. Vol. 15	1912	Dr. J. W. Williams
Dwinell, W. G.	Hygiene and morality	1910	Dr. W. S. Thayer
Elliot-Blake, H.	Vaccine-therapy	1911	Faculty
Ellis, Havelock	University reform for the Royal medical colleges	1913	Frick Fund
Encyclopaedia Britannica	The task of social hygiene	1913	Frick Fund
Forchheimer, Frederick, ed.	11th ed. 29 v.	1910-11	Faculty
Frankl-Hochwart, L. von, ed.	Therapeutics of internal diseases. 5 vols.	1913	Baker Fund
Fränkel, Sigmund	Die Erkrankungen des weiblichen genitalen in beziehung zur inneren medicin. 2 vols.	1912-13	Frick Fund
Freeman, Leonard	Dynamische biochemie	1911	Frick Fund
Freud, Sigmund	Skin grafting	1912	Finney Fund
Garrod, A. E. and others, eds.	The interpretation of dreams	1913	Frick Fund
Cattell, J. McK., ed.	Diseases of children	1913	Sir William Osler
Gocht, Hermann, ed.	American men of science. 2d ed.	1910	Dr. W. S. Thayer
Goldmark, Josephine	Die Röntgen-literatur. 2 vols.	1911-12	Frick Fund
Gt. Brit., Registrar general	Fatigue and efficiency	1912	Frick Fund
Green, F. W. Eldridge	Manual of the international list of causes of death	1912	Dr. T. H. C. Stevenson
Haecker, Valentin	The Hunterian lectures on colour-vision and colour blindness	1912	Frick Fund
Hamman, L. V. and Wolman, S.	Allgemeine vererbungslehre. 2 te. aufl.	1912	Dr. J. W. Williams
Hanna, William	Tuberculin in diagnosis and treatment	1912	The authors
Hare, F.	Studies in small-pox and vaccination	1913	Frick Fund
Hare, H. A., ed.	On alcoholism	1912	Sir William Osler
Harvard Univ. Medical School	Progressive medicine. Vol. 3	1913	Faculty
	Dept. of Neurology. (Collected reprints). Vol. 5	1912	Harvard Univ. Med. School

Recent accessions to the library—Continued.

AUTHOR	TITLE	DATE	SOURCE
Harvey society, N. Y.	Harvey lectures, 1907-12. 5 vols.		Frick Fund
Hertzer, A. E.	Surgical operations with local anesthesia	1912	Finney Fund
Hewitt, Sir F. W.	Anaesthetics and their administration. 4th ed.		Finney Fund
Hirschfelder, A. D.	Diseases of the heart and aorta. 2d ed.	1913	J. B. Lippincott
Hirst, B. C.	A text-book of obstetrics. 7th ed.	1912	W. B. Saunders Co.
Holmes, A.	The conservation of the child	1912	Frick Fund
Hurry, J. B.	Vicious circles in disease. 2d ed.	1913	Sir William Osler
Jackson, G. T. and McMurty, C. W.	A treatise on diseases of the hair Jahresbericht über die ergebnisse der immunitätsforschung. Vol. 8, pt. 1-2	1912	Frick Fund
Keibel, Franz, and Mall, F. P., eds.	Manual of human embryology. 2v.	1912	Faculty
Kemp, R. C.	Diseases of the stomach, etc. 2d ed.	1910-12	Frick Fund
Kerrison, P. D.	Diseases of the ear	1912	Frick Fund
Kneeland, G. J.	Commercialized prostitution in New York City	1913	J. B. Lippincott
Koren, John	Summaries of laws relating to the commitment and care of the insane in the U. S.	1913	Frick Fund
Krehl, L., and Marchand, F.	Handbuch der allgemeinen pathologie. 3 v.	1912	Faculty
Laveran A., et Mesnil, F.	Trypanosomes et trypanosomiasés. 2d ed.	1908-12	Frick Fund
Lazarus, Paul, ed.	Handbuch der radium-biologie und therapie	1912	Frick Fund
Lindsay, James	Gout, its aetiology, pathology and treatment	1913	Sir William Osler
Lockwood, C. B.	Cancer of the breast	1913	Sir William Osler
Lounsbery, H. C.	Making good on private duty	1912	J. B. Lippincott Co.
Lubarsch, O., and Ostertag, R.	Ergebnisse der allgemeinen pathologie und pathologischen anatomie des menschen und der tiere. Vol. 16, pt. 1		Faculty
McCarrison, Robert	The etiology of endemic goitre	1912	Frick Fund
McClay, D.	The protein element in nutrition	1912	Frick Fund

Macleod, J. J. R.	Diabetes; its pathological physiology	1913	Frick Fund
McMurrich, J. P.	The development of the human body. 4th ed.	1913	Frick Fund
McMurrich, D. C.	The care of crippled children in the U. S.	1912	Frick Fund
Mass. General Hosp.	Medical and surgical papers. Vol. 4, No. 1	1913	Mass. General Hosp.
Maus, L. M.	Alcohol and officials. (Reprint)	1912	Frick Fund
Minerva	Jahrbuch der gelehrten welt. Vol. 21	1912	Dr. J. W. Williams
Moulin, C. M.	The Bradshaw lecture on the biology of tumours	1913	Sir William Osler
Moynihan, B. G. A.	Duodenal ulcer. 2d ed.	1912	W. B. Saunders Co.
Münsterberg, Hugo	Psychology and industrial efficiency	1913	Frick Fund
Münsterberg, Hugo	Psychotherapy	1912	Frick Fund
Onodi, A.	Accessory sinuses of the nose in children. Trans. by Carl Prausnitz	1911	Frick Fund
Ophthalmological Society of the United Kingdom	Transactions. Vol. 33	1913	Faculty
Packard, F. R.	Diseases of the nose, throat and ear. 2d ed.	1913	J. B. Lippincott Co.
Paget, Stephen	Another device	1913	Frick Fund
Plaut, F., Rehm, O., und Schott-müller, H.	Leitfaden zur untersuehung der zerebrospinalflüssigkeit	1912	Frick Fund
Politzer, Adam	Geschichte der ohrenheilkunde. Bd. 2	1913	Frick Fund
Power, D'Arcy	The surgical diseases of children	1898	Frick Fund
Poynton, F. J., and Paine, A.	Researches on rheumatism	1913	Sir William Osler
Pearson, K.	The fight against tuberculosis and the death-rate from phthisis	1911	Frick Fund
Pearson, K.	Tuberculosis, heredity and environment	1912	Frick Fund
Presbyterian Hosp. N. Y.	Medical and surgical reports. Vol. 9	1913	Pres. Hosp. N. Y.
Quain, Jones	Elements of anatomy. 3 Vols. in 4. 11th ed.	1908-12	Frick Fund
Robinson, Victor	Pathfinders in medicine	1912	Frick Fund
Rockefeller Inst. for Med. Research	Reprints. Vols. 16-17	1913	Rockefeller Inst.
Rohleder, Hermann	Die zeugung beim menschen. 2 v.	1911-12	Dr. J. W. Williams
Royal college of physicians. London	List of fellows, members, extra-licentiates and licentiates of the holders of the diploma in public health	1912	Sir William Osler

Recent accessions to the library—Continued.

AUTHOR	TITLE	DATE	SOURCE
Royal comm. on univ. education in London	Final report	1913	Frick Fund
Royal society of London	Year-book	1912	Sir William Osler
Rubner, Max	Kraft und stoff im haushalte der natur	1909	Frick Fund
Rubner, Max	Volksernährungsfragen	1908	Frick Fund
Rutherford, E.	Radioactive substances, etc.	1913	Frick Fund
St. Bartholomew's Hosp., London	Report. Vol. 48	1913	Faculty
St. Thomas's Hosp., London	Report. Vol. 40	1913	Faculty
Sawyer, Sir James	Contributions to practical medicine. 5th ed.	1912	Sir William Osler
Sawyer, Sir James	Coprostasis	1912	Sir William Osler
Scholz, Ludwig	Anonale kinder	1912	Frick Fund
Seitz, L.	Innere sekretion und schwangerschaft	1913	Frick Fund
Skillern, R. H.	The catarrhal and suppurative diseases of the accessory sinuses of the nose	1913	J. B. Lippincott Co.
Slemmons, J. M.	The prospective mother	1912	Dr. J. M. Slemmons
Soddy, Frederick	The interpretation of radium	1912	Frick Fund
Stiles, P. G.	Nutritional physiology	1912	Frick Fund
Tandler, J., and Grosz, S.	Die biologischen grundlagen der sekundären geschlechtscharaktere	1912	Frick Fund
Tarn, A. W.	The student's guide to life assurance in theory and practice	1913	Frick Fund
Thomson, J. A.	Heredity	1912	Frick Fund
Thorne, L. T.	The "Naulheim" treatment of diseases of the heart and circulation. 4th ed.	1908	Frick Fund
Thornton, E. Q.	A pocket formulary. 10th ed.	1913	Sir William Osler
Treves, Sir Frederick	The land that is desolate	1912	Lea and Febiger
U. S. Public Health Service	Public health reports. Vol. 27, pt. 2.	1912	Frick Fund
			U. S. Pub. Health Service
			ice

U. S. Surgeon-general's office. Library	Texts illustrating the history of medicine in the library of the Surgeon-general's office, U. S. Army, arranged in chrono- logical order	1912	U. S. Sup. of Docs.
Wilbrand, E., und Saenger, A.	Die neurologie des auges. Vol. 5	1913	Faculty
Williams, F. H.	The Roentgen rays in medicine and surgery. 3d ed.	1903	Dr. F. H. Williams
Wood, E. J.	A treatise on pellagra	1912	Frick Fund
Wyllie, John	Meningitis, sinus thrombosis and abscess of the brain	1911	Finney Fund

JOURNALS ADDED DURING YEAR.

Amer. Jour. Public Health	Janus	Med. Review
Bacterial Therapist	Jour. d. Chirurgie.	Mem. d. l'Acad. d. Med.
Bulletin de l'Acad. d. Med.	Jour. Nerv. and Ment. Dis.	Monats. f. Kinderh.
Cent. d. Exper. Med.	Jour. State Med.	Quar. Jour. Med.
Deut. Zeit. f. Chir.	Jour. Vaccine Therapy	Science
Int. Abstract Surg.	Klin. Monatsbl f. Augen.	Therapeutic Digest
Interstate Med. Jour.		

NEWS ITEMS.

The Medical and Chirurgical Faculty of Maryland is prominently represented in the program for the coming meeting of the American Association for Study and Prevention of Infant Mortality, to be held at the New Willard, Washington, November 14 to 17. The subjects which will be considered include: Eugenics; Pre-natal care and instruction of mothers; Adequate obstetrical care; Problems of infant hygiene and infant feeding; Standards of training for infant welfare nursing; Continuation schools of home making; The relation of vital statistics to plans for social betterment; The relation of the plans for the conservation of infant life to the general ideals of conservation.

Dr. Mary Sherwood is chairman of the Committee on Obstetrics. Dr. Lillian Welsh is chairman of the Program Committee. Dr. John S. Fulton, Dr. J. H. Mason Knox, Jr. and Dr. Sherwood are members of the Executive Committee.

Dr. John Howland, Physician-in-Chief of the Harriet Lane Hospital, is scheduled for a paper on the "Use and Abuse of Drugs in the Treatment of Infants" before the section on Pediatrics.

Dr. L. Emmett Holt of New York is President of the Association. Dr. J. Whitridge Williams, Dean of the Johns Hopkins Medical School, is President-elect for 1914.

The beginning of the present term of the Maryland University is the 100th anniversary of the founding of the Library by Dr. John Crawford. The Library now contains 18,000 volumes, among them some rare editions, especially those bequeathed by Dr. Crawford, who was probably the first physician to arrive at any remarkable results in regard to mosquitoes conveying contagious diseases.

Interesting statistics in the report of the Health Department for September show that the births exceeded the deaths by 432, the deaths totaling 792 and the births 1,224, the largest number of any month this year. On the basis of an estimated population of 575,204, the percentage of deaths was 16.45 and that of births 25.45 per thousand. There were 526 marriages reported.

A complete report on tropical diseases which are prevalent in Ecuador, South America, and adjacent republics, is being made to Superintendent Smith, of the Johns Hopkins Hospital, by Dr. A. W. Sellards, of the Hopkins staff, who returned recently from an expedition to South America to study tropical ailments. Dr. Sellards was the representative of the Johns Hopkins who accompanied the expedition sent out by the Harvard Medical School under the direction of Dr. Richard P. Strong.

A new cottage for private patients has just been completed at the Relay sanitarium.

Drs. Coggins and DeWeese of the Laurel Sanitarium announce the opening of their \$50,000 building. This is a five story brick and concrete structure, equipped with hydrotherapy, modern heating plant, roof garden and amusement hall, for the care and treatment of mental cases. With the completion of this building the Laurel Sanitarium has a capacity for 100 patients.

The Maryland Psychiatric Society held its quarterly meeting at the Chestnut Lodge Sanitarium on Tuesday, September 30. Papers were read by Dr. G. Lane Taneyhill on "Hysteric Depression: Report of Case" and by Dr. B. J. Asper on "Technic of the Treatment of Syphilitic Involvement of the Nervous System by Intra Spinous Injections."

The State Conference of Charities and Corrections announces the annual meeting for November 19th-21st.

Health Commissioner Gorter has gone to New York to inspect the Health Department of that city and to visit its hospital for minor infectious diseases. He will stop in Philadelphia for the same purpose. Dr. Gorter is seeking information to be used in designing a new ward building at Sydenham, to cost \$30,000 and in planning quarters for the local Health Department. The building at Sydenham is to be for the treatment of measles.

BOOK REVIEWS.

Pharmacology and Therapeutics. For Students and Practitioners of Medicine. By HORATIO C. WOOD, JR., M.D., Professor of Pharmacology and Therapeutics in the Medico-Chirurgical College; Physician to the Medico-Chirurgical Hospital; Second Vice-Chairman of the Committee of Revision of the U. S. Pharmacopeia. J. B. Lippincott and Company, Philadelphia and London. Price \$4.

We are glad to welcome a work from the Chairman of the Revision Committee of the United States Pharmacopeia, Horatio C. Wood, Jr., M.D.

The field of pharmacology and therapeutics, of which the work treats, is so vast that as much skill and knowledge are required on the part of an author to keep out material of minor importance as to write about that which is valuable. When it is considered that the work does not pretend to be exhaustive but is designed as a practical guide to "students and practitioners," we think it is admirably fitted for its purpose.

The vexed subject of classification is discussed in the Preface and the author says "While the order in which the drugs are taken up is that which the author himself employs, it is not necessary to follow it absolutely, for the book is so arranged that

each chapter is independent, and there is no added difficulty for the student, in whatever order the chapters are taken up, provided each chapter is considered as a whole." The chapters deal with the drugs as they are "used to affect" secretion, the nervous system, circulation, etc.

The book opens with "definitions," which are brief and satisfactory, it is a pleasure to note that the first and prominent place is given to "Weights and Measures," followed by six pages of "Prescription Writing," instead of these subjects being delegated to some obscure place at the end of the book, as is too often the case. It seems to us that more attention should have been given to the "Mode of Action of Drugs" for a well presented and broad view of that subject might have served to curtail some of the information given under separate heads, it is the foundation stone for all our work in dealing with drugs in the treatment of disease.

Each drug is treated of under three heads, "Materia Medica," "Physiological action" and "Therapeutics," each division name is in heavy black type so that reference is made easy and what is of especial value is that the arrangement is strictly held to for each drug throughout the work, thus avoiding confusion in their study. It is not possible in this necessarily brief review to take even a cursory glance at any number of drugs but one example taken at random, will, we think, show the fairness with which the subjects are handled. "As a foodstuff alcohol is especially of service in those conditions where the powers of assimilation are below par and the system is unable to utilize the ordinary foods. . . . It must be remembered, however, that in the first place it can in no way replace the nitrogenous elements of the food, and in the second place the quantity which can be taken is limited by what we might speak of as the drug action, and at best it can only replace a portion of the carbonaceous food elements," after some articles there are references, as for instance after salicylic acid there are a number, *Journal American Medical Association*, 1911, lvi, 1553, etc., all very helpful to a fuller study of the subject. The "Official Preparations" and their doses are given unusual prominence, making reference to them easy. The book closes with "Drugs of Minor Importance" among which we are glad to note valerian and asafoetida.

The print is clear and of good size and the work is gotten up in the usual attractive style of the publishers, J. B. Lippincott Company. It sells for \$4.

The Surgical Clinics of John B. Murphy, M.D. at Mercy Hospital, Chicago. Philadelphia and London: W. B. Saunders Company, v. 1, no. 1-6, 1912. Published Bi-monthly. Price per year: paper, \$8; cloth, \$12.

In these reports of his Clinic the verbatim notes of Dr. Murphy's breezy remarks are so entertaining that one is prone to overlook the facts mentioned or the advice given. There are many points where Dr. Murphy's teaching seems at variance with that of recognized authority or with the results of experimental investigation; but the wealth and variety of the Murphy Clinic is well illustrated, and the versatility of the Master of the Clinic must attract attention.

In a few of the numbers lectures by distinguished strangers or by some of Dr. Murphy's colleagues are introduced. To the reviewer these interpolations detract from the value of the publications. The charm of these Clinics lies in their realistic reflection of Murphy himself, and any dimming of this reflection by the shadow of another personality causes a loss in interest.

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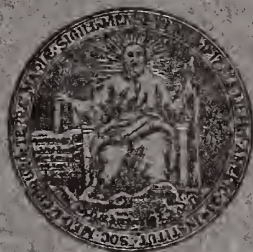
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Component Societies of the Faculty, with a list of their officers and times of meeting

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Vol. VI

BALTIMORE, NOVEMBER, 1913

No. 5

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Make check for \$3.00 payable to the Medical and Chirurgical Faculty, 1211 Cathedral Street.

CITY MEDICAL SOCIETY TO HOLD MORE FREQUENT MEETINGS.

At a meeting of the Baltimore City Medical Society, on October 17, it was decided that in the future the Society as a whole meet on the first and third Fridays of each month. In other words, instead of five regular meetings each year, as heretofore, there will henceforth be a good many more. The reason for this rather revolutionary step lies in the fact that for many years there has been a noticeable lack of interest in the various section meetings, even though the secretaries have, in the main, made earnest efforts to prepare attractive programs. The new plan will enable the sections to continue their individual meetings if they so desire, although it is expected that practically all of them will prefer to participate in the miscellaneous programs of the general meetings. Owing to the much larger attendance at the latter, there will be a much greater incentive for members to present papers. Furthermore, from a social viewpoint the larger gatherings will offer much greater opportunities for that pleasing personal contact which is so much to be desired among medical men. It is obvious that "such rubbing of elbows" can result only in good.

On the whole, prospects are bright for a successful series of meetings, and every member can share in the profit of better meetings if he makes up his mind to do so—either by attending them or preparing papers for them. Members who wish to read papers at meetings of the City Society are requested to send the Secretary their titles, with the approximate length of the papers. Short snappy papers, usually not exceeding twenty minutes in the reading, are naturally preferred. Papers will be scheduled in the order in which the applications are received, in so far as this may be compatible with the fitness of things. Communications may be addressed to the Secretary, Dr. Novak, in care of the Medical Library, 1211 Cathedral Street.

COÖPERATIVE HEALTH WORK.¹

BY DR. C. HAMPSON JONES,

Assistant Commissioner of Health, Baltimore, City.

To be asked to address a body of medical men is an honor that no one can fail to appreciate. But it is an honor that carries unusual difficulties to the recipient and always causes one to hesitate very much to accept and frequently leads to a request to be excused. Such difficulties strange to say are made all the greater when the subject of the address is left to the honored one as has been done in the case of the one who now addresses you. You will, I am sure, appreciate one's difficulties in the choice of a subject when you picture to your mind's eye the gathering of professional brethren whose practical and perhaps theoretical knowledge of medicine is probably broader and deeper than the speaker's, thus causing his remarks to appear trite and commonplace even though he choose a subject confined to his own specialty. Perhaps at one time, not more than a quarter of a century ago, it was common for a speaker to have stored within himself some sweet morsel of knowledge which had been gained by his enjoyment of unusual opportunities for study and observation which he communicates to his expectant hearers on some such occasion as this with mutual benefit. Even today the same is true in a Flexner, an Ehrlich or a Welch but what chance has a health officer to present something worthy of your consideration from his daily grind of routine, more especially a routine within the narrow limits of a city, when his almost daily thought is featured in the magazines, the weekly and daily press, discussed by local societies, professional and lay, and forms almost hourly topics of conversation amongst the people everywhere. Nevertheless, I venture with your patient indulgence to call your attention to some essential features of the subject "Public Health."

This subject, in all of its ramifications, is now so vast that we find many who do not attempt to grasp all things comprehended by it but who content themselves with specializing just as the parent stock medicine developed its devotees into specialists and sub-specialists, so we find bacteriologists, chemists, engineers, statisticians, epidemiologists, etc., who have as their one goal, i.e., the preservation of the health of the public.

It is in the memory of many of you when the health boards of the cities and states consisted of three to six men all equally learned, or ignorant, of the subject who occasionally met in regular or special session to consider an outbreak of disease which moved them according to the light of that day to investigate the source of the disease and in course of time locate

¹ Read before the Calvert County Medical Society, August 4, 1913.

it in some suspicious looking food, pig-sty, barnyard, foul hides, filthy rags, and perhaps by the time the food was examined, the sty cleaned or the hides and rags destroyed the disease was staid, which was sometimes cause and effect, but most times only one of coincidence. In perusing the reports of the work of health officers in years ago by the light of to-day one is forcibly struck with the efforts made to prepare for the invasion of disease and the strenuous measures employed to eliminate that which had successfully invaded and obtained a foothold in a town, city or state. Then it was customary to attribute to the indefinite and indescribable miasms that permeated the atmosphere from certain places or in certain seasons, the direful effect of diseases that prevailed; to blame the visitation of fever to newly upturned earth as in ditching to lay water or gas pipes; or if all other visible and invisible alleged causes were not at hand to account for unusual sickness and death then it was charged to an All Seeing and an All Wise Providence who thus called the attention of the people to their many shortcomings and misdeeds,

We today would be proceeding along the same darkened paths if it were not for the illuminating work during the past fifty or sixty years, more especially perhaps that which has been done since 1880 which made clearer and clearer that disease is a manifestation of life and is transmitted by living things. Don't imagine for a moment that I wish anyone to believe that there is no relationship between inanimate filth and disease; there is a relationship between them, but it is not one of direct cause and effect.

The proof that many and probably all communicable diseases are due to living organisms has given a directness in the work of health officers in eradicating and preventing such diseases that was not possible before, and the knowledge of the characteristics of the germ that produces a definite disease, such as typhoid fever, diphtheria or tuberculosis, makes it possible to trace the pathway of conveyance of the disease from the sick to the well. It is of special interest to note that the late investigations and experiments have not only proved the presence of the bacillus typhosus in water and milk believed to be the source of an outbreak of the fever, but have also shown that well people and flies may be actively concerned in transmitting the disease. The further discoveries concerning diseases that are probably due to plasmodia have shown that malaria and yellow fever are not only transmitted by the mosquito but also that a period of time for the germ to pass through a stage of its development in the body of the mosquito is necessary before the disease can be conveyed to the well. All of these discoveries as I have said have given a directness to the work of the health officer of today that was not possible before. Now while all these things are true and are well known to all of you, yet I desire to call your attention today to a factor in the fight against disease of all

kinds, communicable or non-communicable, that is as yet not thoroughly understood and appreciated by the physicians and the laity, i.e., Vital Statistics.

I take for granted that most if not all of us know not from whence we came nor whither we are going but most of us believe that we have been created for a purpose which can be best achieved by the preservation of human life to its furthest extent, and in the maintenance of health so that the greatest efficiency of life may be attained. If this is our belief then it is manifestly necessary for us to establish some system by which we can determine whether that life has reached its maximum length, whether that life has been at its maximum efficiency, and if it has not—why not. Every individual in business looks to the showing of the books to know how his affairs stand. Every individual of a city and state must look to the showing of the books (Vital Statistics) to know how his city or state stands in life efficiency and life expectancy. If a firm or corporation has dishonest or incapable bookkeepers disaster is imminent; if a city or state has dishonest or incapable bookkeepers disaster is also imminent. The course to pursue by the firm, corporation or community in each case is perfectly clear, and it is always taken by the business concern but not always by a community, but it will some day. I ask you now to take another viewpoint. If it is true that that disaster may come because of incapable and dishonest bookkeepers what about the members of the firm or members of a corporation; what about the people? Are they always honest and capable? Do not financial disasters come in spite of the best of bookkeeping, because of secrecy, because of withholding the truth? The people have placed men in position of the health bookkeeper and look to them for a periodical statement or balance sheet. Is it a true balance sheet? It is only to the degree of completeness and truthfulness of the returns made by the people and physicians to the bookkeepers. If the balance sheet is not based on the truth, the whole truth, how can dangers be pointed out; how can advances be shown; how can retrogression be evidenced?

What do Vital Statistics comprehend? Of late years there have been many additions but for our purpose we will consider for a moment each of three great divisions: (1) reports of deaths, (2) reports of births, (3) reports of communicable diseases.

REPORTS OF DEATHS.

This is of deep interest to nations as well as to states and municipalities. The nations have shown their interest by sending their delegates to conventions in Paris and other cities. Their deliberations resulted in the

adoption of a standard of classification and nomenclature that is now the standard of the nations represented for ten years following the convention, so that there is available for all not only the classified returns of the causes of death in one state or country, but of all the states and countries who have adopted the Bertillon system of classification. You have all recognized the great value of the opinion of men who have had the advantage of the mass of data accumulated by the workers in hospitals as compared with the opinion of those whose data are derived from the necessarily narrow limits of one physician's practice. How great then must be the opportunity for accurate and valuable study when such data are accumulated from many hospitals and many private practitioners.

In order to make such data more available our federal government has formulated a certificate of death which has been adopted by many of our states and cities. You are doubtless very familiar with this form of certificate because I have been told that Calvert County has a good record in the return of deaths. But perhaps it is not altogether unnecessary for me to call attention to the importance of care to ascertain that the statements made are true, not only because such a certificate may be ordered to be presented to Court as evidence, but also because from it are obtained data of interest such as

1. The frequency of certain causes of death.
2. The average age that such causes produce death.
3. The most frequently associated or terminal cause of death.
4. The locations in the town, county or state where deaths from certain causes are most frequent.
5. The relationship, if any, of sex to disease.
6. The relation of occupation to the cause of disease.
7. The relation, if any, of nationality to cause of disease.
8. The relation, if any, of race to cause of disease.

Everyone of these items is of some degree of importance in our struggle to prolong and increase the efficiency of life and is deserving of more elaboration in detail than I can give now, but I ask your indulgence for a moment to consider item No. 17 of the certificate which presents great difficulties to all of us.

In an examination of this item you will note that it is divided into four parts:

1. The length of time the signer of the certificate has attended the patient for the sickness that led to his death and the hour the patient was last seen alive by the physician.

The legal importance of this portion of the item is sufficiently clear to everyone, but it is not perfectly clear as to what relationship it bears to the subsequent portions of the item; i.e., to the duration of the primary

and secondary cause of death. Commonly it is taken to mean that the physician is to state the length of time he has treated the patient in the last exacerbation of the chronic disease that caused death or the length of time some complication or terminal affliction producing death and this is correct but it should be borne in mind that it has a bearing in part only on

2. The statement of the length of time the secondary and primary causes of death have lasted.

The physician is to give, in answer to this part of the item, the length of time the cause of death lasted according to his own knowledge and according to the history of the patient's case as given by the family and friends. These time items are frequently of much help to the statistician in tabulating the primary and secondary causes of death which constitute the third and fourth parts of this seventeenth item. In these two parts of this item lies the greatest value of the certificate from a health officer's viewpoint, and it is here that we have the greatest difficulties. To overcome these difficulties there must be the heartiest coöperation and forbearance on the part of health officers and physicians each toward the other. A health officer in his efforts to perfect his classifications of reported causes of death knows, or should know, the many practical difficulties that physicians must contend in arriving at correct diagnoses of such causes under the varied conditions governing the relationship of the physician to his patient, and the physician should know that the inquiries sent to him by health officers concerning a reported cause of death are for the purpose only of ascertaining the truth which the physician has accidentally or innocently made obscure or omitted to state in the certificate. The mutual education as the result of coöperation in trying to obtain the recording of the exact truth, or as near as it can be ascertained, will result in bringing our profession to a higher plane, and all, including the laity, will be benefited thereby. What are the causes of death? Perhaps I can in part answer this question by saying that heart failure, heart exhaustion, cardiac asthemia, heart paralysis, respiratory failure, dropsy, oedema, paralysis, etc., are not causes but results of causes of death, and as far as the first five are concerned they are of no value whatever. But if we have to report a death of a patient who has suffered with a communicable disease, such as tuberculosis, typhoid fever, scarlet fever, diphtheria, measles, whooping cough, venereal diseases, etc., such diseases should be given as the secondary or contributory cause, while pneumonia, meningitis, diarrhoea, endocarditis, myocarditis, pericarditis, nephritis, etc., should be given as the primary or immediate cause of death. It too frequently happens that these latter affections which are terminal are given as the sole cause of death, which of course leads to a

false classification and is misleading. It is true, however, that we do have cases of pneumonia, cerebrospinal meningitis epidemica, anterior poliomyelitis, nephritis, etc., that are apparently not preceded by the communicable diseases mentioned above, but are developed as the primary disease and are themselves due to specific infection which would probably constitute both the secondary and immediate causes of death. Whenever a patient has suffered with a tumor even though there does not seem to be any relationship between its presence and the immediate cause of death, it should be given as the secondary cause and sometimes, as in the case of cancer, it may have to be given as the sole cause. In every case, however, the exact location and organ involved by the tumor should be given. Peritonitis is often given as the sole cause of death, but peritonitis is always the result of some infection or trauma and therefore the cause of it should be sought and given in the certificate.

When death occurs during or soon after an operation the condition for which the operation was performed should be given in detail as the secondary cause. If death is due to an accident not only the injury should be given, but also what was the nature of the accident, a fall, elevator crush, by vehicles of all kinds, firearms, burns, etc. Likewise suicides and homicides should be so stated and the methods by which the end was accomplished. I hope that the above very imperfect remarks concerning item No. 17 of the standard certificate of death have not proven too wearisome to you, but I have ventured to make them with the hope that I have said enough to indicate to you the somewhat complicated condition involved and to show you some of the difficulties with which statisticians must cope in their efforts to make a true report to the people as to the causes of death.

This ought also to appeal strongly to the laity, for they must realize that their servants, the health officers, cannot perform their whole duty towards them if they do not assist their physicians in giving the whole truth in death certificates. We often laugh and deride the ostrich when, as it is alleged, in time of certain dangers he covers his head and thinks himself thoroughly concealed. But, really, is he very different from the citizen who urgently requests, nay demands, his physician not to inform the health officials of the true cause of sickness or of death? If his physician complies or yields has he not done the same for others in the neighborhood and it may be that that yielding resulted in some other death or some other case of sickness. Has your body been exposed when your head was covered?

Let us now pass to a no less important item of Vital Statistics, i.e.:

THE REPORT OF BIRTHS.

It is probably true that our country when it was a very new country was no worse than every new country in its wastefulness, but the developments of the last quarter of a century make "newness" no longer an excuse for carelessness. We no longer have to wait for experience to gain wisdom in preventive medicine. The destruction of forests, the exhaustion of the soil, the pollution of streams, seem to have been persistently indulged with the idea that "Nature has cared well for us so far, it will continue to do so in some way in the future." It is somewhat curious that man will persist in eliminating himself as a part of nature and does not consider that the destruction of natural things, the forests, the soil, the purity of water might lead to his own destruction. We are awakening, however, from the stupor of an overfull stomach and liver by the first pinch of want, and our ideas are taking shape along the lines of self-preservation. So today we find conservations of resources and energy everywhere, and amongst them is the conservation of the human race. We have that within us that prompts us always to save and prolong life, but we cannot do this intelligently (as noticed before) without good bookkeeping, which involves good bookkeepers and honest members of the firm who turn over to the bookkeepers the important facts of income and outgo. Now what is more important to the firm than its income? What is more important than the birth-rate of a race, a state or town? Say what you will you know that nothing startles a race or a state or a town more than the sudden awakening to the fact that it has ceased to grow—that it is really retrograding. Immediately strenuous efforts are put forth to bring other people to us—to prevent some of us from going elsewhere, and in this we might succeed, but you can't stop them from going beyond the "Great Divide," although for a time we might delay the going. Then what of the incoming generations? Are we insuring greater certainty of their arrival into the world with healthy bodies and minds; are we practicing such hygienic measures to preserve them during their first, second, third, fourth and fifth years of life? If we are, what has been the result of it? Is it good? Is it bad? Look to the bookkeeping. What do the books say? 11,000 people died, 5000 born? We don't believe it. 10,400 people died, 7500 born? It can't be true. We know we are increasing in size and importance. Do you really know it or are you exercising that great American prerogative—guessing? But, one says, look to the federal census—it shows everything. I value such information too highly to even think of speaking lightly concerning it, but surely the knowledge contained therein is rendered less available when our representatives in Congress don't value it sufficiently high to appropriate funds for the quick printing

and dissemination of the census facts. But even though the census facts were made quickly available, yet they would not be of the great value to us as our own activities which would not only show that we knew the importance of the accurate knowledge, but because the efforts thus made would have such educational influence on the people that would result in the census facts being more readily and accurately obtained. We can know nothing concerning the death-rate of children except that we have the birth-rate. There is a no more fertile field for saving and prolonging life than the age period under 5 years, and more especially under one year of age. Then, too, consider the deaths under three months of age and those born dead at various periods of gestation that are evidences of preventable disease of parents and of industrial conditions. These conditions are recognized and appreciated by a few people, but how can these potent facts be made widely known and the activities of the people directed into proper channels for conserving the lives of the little ones save by the conscientious returning by physicians and the laity of all the facts to the bookkeeper who in return will give the true balances showing the exact weaknesses of our protection to young lives and give facts for advocating expenditures that will prove economical in the light of results.

The recordings of births, however, are not only of value in the saving of lives, but also each record is of legal value to the child in after years:

1. To establish legal school age.
2. To establish legal age for work.
3. To establish age of consent.
4. To establish legal age of manhood and womanhood.
5. To establish legitimacy.
6. To establish rights to property.
7. To establish age for jury duty especially in certain criminal cases
8. To establish military age.

and perhaps others that appeal to you now or that will appeal to you as the years roll by because we must all recognize that year by year our country is more and more rapidly approaching the conditions of the old countries from whence we originally came and the time is approaching when every life will have to be recorded and every effort be made not only to save the life but also every device employed to increase its period of value to the community.

As to the third great division:

REPORT OF COMMUNICABLE DISEASES.

Surely there is little that is necessary to be said to an intelligent audience of today. The importance of the records of deaths and births might

need explanation, might need some special pleading, but surely not the reporting of communicable diseases. And yet facts justify the question "Are you reporting every case and are you reporting it promptly?" States and cities are organized for protection against fire, against crime, to promote commerce and certain laws, rules and regulations are laid down for all people to obey and the degree of obedience is evidenced in the absence of fires or their quick control, by the safety of property and by the prosperity of the people. The states and cities are also organized to keep out disease and also to eliminate it, to prolong the average period of life and increase its efficiency. How are we succeeding? Already I have taken too much of your time and it would be very tiresome to you for me to present a detailed review of the conditions, but I can summarize conditions in a general way:

1. The so-called major infectious diseases: cholera, bubonic plague, yellow fever, smallpox, have been made less frequent visitors to this climate because the people are willing to go to any trouble and expense to prevent such dread visitors.

2. The so-called minor infectious diseases have been lessened, but are very far from elimination: diphtheria, scarlet fever, measles, whooping cough, pneumonia, typhoid fever, gastro enteritis, tuberculosis, venereal diseases.

These of course are not truly minor diseases, but are so-called partly because we look upon them with indifference or accept them as a matter coincident with existence. Many people are content to look upon some of them as children's diseases and must be looked for as one of our natural trials and tribulations. As a matter of fact they produce from 35 per cent and upwards of all deaths and they are at least preventable in great part if not entirely. But this will never be accomplished except when we find the laity fully instructed and in hearty coöperation with their health officials and willing to sacrifice that which they are pleased to consider their personal rights and work for the common good. It is greatly in the hands of the family physician to bring this about. He wields a great power with his families. He owes it to them and he owes it to himself to bring the people to understand the great importance not only of the reporting of communicable diseases, but also the accurate birth and death certificates.

All that has been and is asked of the people to do concerning these three divisions of Vital Statistics tends toward the uplift of the people and the development of these divisions will go on day by day towards perfection. Their progress will from time to time and in different places be retarded but never checked because the people will more and more realize that every one is vitally interested in the principles involved and

will consciously or unconsciously demand that their interests shall not be neglected. Put forth every effort therefore to bring about the ideal conditions that we know are right. Forget all selfish interests that amount to nothing and are but for today and let us work only for all, which is the only lasting good.

A STUDY OF THE NON-PASTEURIZED MILK OF BALTIMORE.

BY JOHN H. SEWELL.

On account of the lack of information available for general dissemination concerning the cleanliness of milk and particularly loose milk, and the care exercised in its dispensation to the public, by the small milk stores of Baltimore, the Woman's Civic League of Baltimore inaugurated a series of investigations hoping to get a broader view of the milk situation in the short time and opportunity available for the work. Arrangements were made with the City Health Department to have bacterial counts made on all samples of milk collected in a specified manner, and I was appointed to the task of inspecting the stores and collecting the samples of milk.

The work was begun about the middle of July 1912, and extended over a period of two months. A list of more or less questionable stores was obtained from the Federated Charities and the remainder of the names were selected at random from the cards of the Health Department, attempt only being made to get the samples from representative parts of the city. As the work progressed, it was extended to include the getting of samples from residences in various parts of the city; samples from shipper's cans at milk stations; samples from dairy farms and finally samples from milk wagons selling pasteurized and non-pasteurized milk, the work on the pasteurized milk being yet unfinished.

In collecting samples from small stores, the milk was taken from the original container in the owner's measures and carefully poured in sterile two ounce glass stoppered bottles, furnished and sterilized in a paper package by the City Health Department. The bottles were then numbered, placed on ice, carried in a suitable case in which the temperature was kept at about 40°F until delivered to the City Bacteriological Department where the counts were made and the results turned over to me. During the collection, brief notes of the physical conditions of the places wherein milk was sold were taken.

Practically the same procedure was taken in collecting the samples from residential sections, and also the same procedures in collecting milk from stations except that sterile paddles were used for agitating the milk

to obtain a uniform mixture and sterile bottles with a flexible copper wire attached with which the bottles were lowered into the milk cans.

The stores in which milk is sold are small grocery stores, butcher shops, bakeries, and small rooms or basements of the homes that happen to open on the street. The only places presenting proper sanitary conditions were the bakeries which were usually fairly clean, well lighted and well screened. Selling no other perishable food, there is with them no temptation to put other articles in the ice box with the milk. Very few of the other places selling milk were screened. The majority were cluttered with all sorts of merchandise and rubbish, and usually had a plentiful supply of flies hovering around exposed fruit and meats or milk measures.

The measures themselves apparently clean, on closer inspection, very often concealed a line of deposits along the seams and in the more inaccessible corners, showing very superficial daily cleaning. Very little care in a great many instances was taken to protect them from dust and flies, the latter at times to be seen swimming in the milk.

The limits of 500,000 bacteria per cubic centimeter for raw milk and 50,000 bacteria per cubic centimeter for pasteurized milk at present in force in Baltimore had not been officially proclaimed at the time this work was done. If the conditions during the summer 1913 approach those of the summer of 1912 as shown by the appended table, and if the existing ordinances are rigidly enforced, there will be a milk famine of no small proportion, for only 3.6 per cent of the store milk and 23 per cent of the station milk are within the legal limits. Apparently a very deplorable condition exists. In the first place the city's shippers have not been sending in milk that had been properly cared for. In the second place the bacterial rise is doubled by the time the consumer gets the milk. There is a special peril attached to the last named milk in that a very large proportion is destined for children of the poor, the milk being brought in small quantities 1, 2 or 4 cents worth at a time, presumably because there is no provision for caring for a larger quantity.

The people who handle this milk are all most hopeless considered as milk venders. They cannot or will not understand the reasons for keeping milk clean and cold. They do not apply such rules of cleanliness to other articles of food, and cannot see why milk should be an exception. A stroll along East Lombard street on a market day in the summer furnishes more significant evidence of their habits than a paper can hope to.

Summed up the situation stands as follows: The milk coming in from producers is neither of proper quality as regards cleanliness, nor is it kept at a sufficiently low temperature during transit to the city. Ice is not extensively used by producers surrounding Baltimore. Springs having a temperature around 55°F. are depended upon to cool the milk.

Passing into the hands of milk retailers at the station it becomes worse, depending on, whether it falls into the hands of those who sell it directly from the wagon, or into the hands of store keepers, its deterioration being more marked in the latter case.

Passing into the hands of the consumers, the quality of the milk from wagons deteriorates still further in quality. Most of the consumers have refrigerators and are supposed to know how to care for milk; but they neglect to keep the milk at a sufficiently low temperature.

What happens to the milk passing from stores into the hands of their patrons, in the majority of whose homes facilities for keeping the milk cold are absent, is unknown. Although data on the bacterial increase in the milk on leaving the stores is absent, yet reasoning from analogy, the increase must be enormous. The one good feature present here is that the milk is soon dispensed with.

The first point at which efforts for better milk is to be applied is at the dairy farm. More inspectors, more rigid supervision of the farms by inspectors, and the general application of ice before and during transit is necessary.

As to the selling of loose milk, it should be stopped. There are too many avenues of contamination. The store keepers are not able, from lack of knowledge and willingness, to handle milk properly.

A yearly tax or rental of several dollars for permits would eliminate those undesirables who keep milk for the "benefit of the trade," these and a few others form a majority of the body of milk sellers. Sixty-five per cent of the places visited do not sell over 5 gallons of milk each day. Assuming that 50 per cent of those now selling would no longer sell milk, the capacity of the inspecting force would be doubled. It would leave the milk in the hands of a smaller group of dealers who could be forced, if necessary, to maintain certain standards.

Further than this the law cannot go. The milk once in the hands of the consumer may receive various kinds of treatment. This is, however, a problem for those interested in the popularizing of scientific knowledge and not for those interested in the proper production and commercial handling of milk. That the public is entitled to receive good milk from dealers and producers is too evident a fact to need emphasizing.

From the time the milk reaches the station at a temperature around 60° to 65°F. there has been found to be an increase in the bacterial count as the milk passes through the various hands to the consumer. As shown by the table (see table) the majority of people drinking non-pasteurized milk are drinking milk that contains over 5,000,000 bacteria per cubic centimeter.

	MINIMUM COUNT	MAXIMUM COUNT	PER CENT 50,000 OR LESS	PER CENT 50,000 TO 500,000	PER CENT 500,000 TO 1,000,000	PER CENT 1,000,000 TO 5,000,000	PER CENT 5,000,000 TO 15,000,000	PER CENT ABOVE 15,000,000	NUMBER SAMPLES COLLECTED
Stores.....	180,000	70,000,000	0	3.6	8.3	26.1	47.1	14.9	157
Non-pasteurized residence.....	170,000	36,000,000	0	10.5	26.3	26.3	26.3	20.9	19
Pasteurized res- idence.....	40,000	36,000,000	3.3	43.3	13.3	23.3	6.6	10.2	30
Station.....	100,000	16,000,000	0	23.0	11.5	46.1	7.7	11.7	26
Non-pasteurized wagons.....	400,000	17,000,000	0	11.1	6.7	37.0	37.0	8.2	28

APPLICANTS FOR MEMBERSHIP IN THE BALTIMORE CITY MEDICAL SOCIETY.

To be held on Tuesday, December 2, 1913.

BYERLY, WILLIAM L., 37 W. Preston Street.

Place of Birth, Fowblesburg, Maryland.

Medical College, University of Maryland.

Date, 1911.

Date of State Certificate, June, 1911.

Recommended by Drs. R. Winslow, A. M. Shipley.

HOWLAND, JOHN, 20 E. Eager Street.

Place of Birth, New York.

Medical College, New York University.

Date, 1897.

Date of State Certificate, June, 1897.

Recommended by Drs. John Ruhräh, J. A. Chatard.

LOCHER, ROY W., 31 E. North Avenue.

Place of Birth, Portsmouth, Ohio.

Medical College, College of Physicians and Surgeons.

Date, 1910.

Date of State Certificate, July, 1910.

Recommended by Drs. A. C. Harrison, W. D. Wise.

RANKIN, FRED, 2124 Maryland Avenue.

Place of Birth, Mooresville, N. C.

Medical College, University of Maryland.

Date, 1909.

Date of State Certificate, April, 1913.

Recommended by Drs. Nathan Winslow, R. Winslow.

SMITH, WINFORD H., Johns Hopkins Hospital.

Place of Birth, Scarborough, Maine.

Medical College, Johns Hopkins Medical School.

Date, 1903.

Date of State Certificate, October, 1913.

Recommended by Drs. Rupert Norton, L. F. Barker.

THORKELSON, JACOB, 529 N. Charles Street.

Place of Birth, Bergen, Norway.

Medical College, College of Physicians and Surgeons.

Date, 1911.

Date of State Certificate, 1911.

Recommended by Drs. A. C. Harrison, H. K. Fleckenstein.

MINUTES OF THE SEMI-ANNUAL MEETING.

HAGERSTOWN, OCTOBER 21 AND 22, 1913.

TUESDAY EVENING, 8 P.M.

The opening session was held in the Court House. In the absence of the president, Dr. A. C. Harrison, President-elect Dr. Randolph Winslow, of Baltimore, presided and introduced the speakers. Dr. J. McPherson Scott, Mayor of Hagerstown in his address of welcome said:

MR. PRESIDENT AND GENTLEMEN:

As the Chief Executive Officer of Hagerstown I am glad to welcome you to our city and to extend to you our hopes that your meeting may be a pleasant one and of great service to yourselves and the people whom you serve.

Not only is it a pleasure to welcome you, but we receive you as an honored guest, coming into our midst to continue, through this Semi-Annual Meeting, the surgical, medical and sanitary discussions which, through its life, now passed the century mark by more than a decade, have made the Medical-Chirurgical Faculty of Maryland a factor of far-reaching power in the advancement of those agencies which make for the diminution of human suffering, the prolongation of human life and the general betterment of humanity. Not only this but its work dignifies, ennoble and makes more useful, however limited his field, every member of your great organization.

Through all the years from its inception in 1799 it has represented the very highest type of medical, surgical and scholarly attainment, so much so that the history of American Medicine could not be written with the elimination therefrom of those matters whose names are found on the rolls of this Faculty. What would that history be without the record of achievements by those gentlemen of the century passed, who taught and practiced medicine and surgery, and adorned the communities which they served by their possession of the attributes of the family physician, the scholar and the gentleman? What would that history be without the record of achievement of one whose name is not only on your roll, but, like his own English flag, is known in every port and in every clime? Would that history be complete without the record of your member whose administrative ability and researches in pathology have won world-wide honor for himself and the Medical School with which he has been associated since its organization? Would that history be complete without the equally illustrious and distinguishing records of the general surgeons, gynaecologists and obstetricians whose diagnostic and operative skill bring sufferers from everywhere to Baltimore? Would that history be complete without the work of that splendid son of Maryland who, as a sanitarian and authority in the methods and procedures necessary for the maintenance and protection of the public health, has directed State, National and International projects?

These few illustrations serve to indicate the quality of your membership and the resultant influence of your society, the representative organization of the Medical Profession in Maryland, and the people of this growing and prospering city, recognizing and appreciating the inestimable service you are rendering, extend to you a sincere, heartfelt welcome. . . .

(Continued in December Bulletin.)

MEDICAL SOCIETY MEETINGS

BALTIMORE CITY MEDICAL SOCIETY

The regular meeting of the Baltimore City Medical Society was held on Friday, October 17, 1913, Dr. Harry Friedenwald presiding. The minutes of the previous meeting were read and approved.

The Board of Censors reported the names of the following as eligible for election as members:

Dr. H. M. Carter, United States Marine Hospital.

Dr. R. L. Keyser, The Wentworth.

Dr. Robert W. Price, 1337 North Caroline Street,

Dr. John Wade, 118 South Broadway.

Addresses on "Impressions of the recent International Congress on Medicine" were delivered by Drs. W. S. Thayer and L. F. Barker.

The Society then proceeded to the consideration of the following resolution presented by the officers of the various Sections: That the present plan of holding individual Section meetings be abandoned, and, in lieu thereof, that the Baltimore City Medical Society hold a general meeting every two weeks.

Dr. W. S. Gardner moved that this resolution be amended to read as follows: "That the Baltimore City Medical Society in the future hold a general meeting every two weeks." The motion was seconded by Dr. Randolph Winslow, and, after discussions by Drs. J. D. Blake, G. M. Linthicum, J. S. Davis, C. A. Clapp and Emil Novak, this was carried. Dr. Gardner then moved that the meetings be held on the first and third Fridays of each month. The motion was seconded by Dr. Linthicum and carried.

A report of the Anti-Noise Committee was made by the Chairman, Dr. W. T. Watson, who offered the following resolutions:

"*Resolved*, That the Baltimore City Medical Society highly appreciates the attitude taken by our Police Commissioners toward the suppression of unnecessary noise, and heartily commends the assignment of a special officer for this work.

"*Resolved*, That the Baltimore City Medical Society deprecates the delay of the City Council Committee on Police and Jail in taking action upon the Anti-Noise whistle bill now in its charge, and urges it to give the bill its immediate consideration."

The resolutions were seconded by Dr. C. E. Simon, and after discussions by Drs. W. L. Todd and Randolph Winslow, were adopted.

Dr. G. M. Linthicum, seconded by Dr. A. McGlannan, moved that the Society recommend to the Board of Estimates of Baltimore City that the per diem of the appropriation for the care of the City's indigent sick be increased from 50 cents to \$1.00 in accordance with a request from the Hospitals of the City. The motion was discussed by Dr. Randolph Winslow and then carried.

There being no further business the meeting adjourned.

NOTE—The Board of Censors presented the following amendments to the Constitution and By-Laws of the Society at the meeting held May 16, 1913 and this will be voted on at the Annual Meeting December 2, 1913.

"First, that Section 7 of Chapter 1 of the By-Laws be stricken out and the following paragraph be substituted as Section 7 of Chapter 1, "A member guilty of gross misconduct or who violates any provision of the Constitution or By-Laws, of either the Baltimore City Medical Society, or of the Medical and Chirurgical Faculty, or of any provision of the Principles of Medical Ethics of the American Medical Society, or who brings any suit at law or in equity against the Baltimore Medical Society, or against any of its Boards or against any of its Committees, or against any member of said Society for or on account of any action of his as a Member of said Society or as a member of any of its Boards or Committees, or any member who has been found guilty of a crime or misdemeanor by a legal tribunal, who is guilty of a criminal offense or who is guilty of conduct unbecoming a reputable physician or surgeon, shall be liable to censure, to suspension or to expulsion as a member of this Society. Charges against a member must be made in writing to the Secretary of the Society, who shall at once send a copy of them to the Board of Censors, unless such charges are preferred by the Board of Censors: The Secretary of the Board of Censors shall send a copy of the charges promptly to the accused at his last address as shown on the books of the Society without naming the accuser, whose name shall be furnished the accused on his written demand. The Board of Censors shall investigate the charges on their merits, even when made by the Board, but shall take no action on them (unless favorable to the accused) within ten days of the sending of a copy of the charges to him, and shall give him ample opportunity to be heard, with his witness and his counsel.

"The Board shall report (1) That the charges are not sustained; or (2) That they are sustained and that the accused (a) be censured (b) suspended for a definite time; or (3) expelled.

"Censure or suspension shall require a two-thirds vote of those present and voting shall be required to expel a member.

"No action shall be taken by the Society against a member until at least six weeks have elapsed since the filing of the charges, and every action taken either by the Board of Censors or by the Baltimore Medical Society against a member, shall be final and conclusive, and shall not be reviewable by the Courts. Should any member bring suit at law or in equity against the Baltimore Medical Society or against any of its Boards, Officers or Committees or against any of its members for or on account of anything he has said or done as a member or officer of the Baltimore Medical Society or as a member of its Boards or Committees, such member bringing suit may be censured, suspended or expelled by a majority vote of the members present and voting at any regular meeting of the Society; provided such member be given ten days' notice of the intent so to censure, suspend or expel him.

"Second, that section 2 of Chapter 3 of the By-Laws be stricken out and the following paragraph be substituted as Section 2 of Chapter 3, 'The President shall preside at the meetings of the Society and perform such other duties as custom and parliamentary usage may require, and be ex-officio a member of the Board of Censors with the same powers and duties as each of its members.'

"Third, that Chapter 8 of the By-Laws be stricken out and the following be substituted as Chapter 8. The principles of medical ethics of the American Medical Association shall govern this Society and a violation thereof is a ground for censure, suspension or expulsion."

SOMERSET COUNTY MEDICAL SOCIETY.

The Somerset County Medical Society was called to order October 7, 1913, by the President, Dr. G. T. Simonson who made an excellent address of welcome.

The minutes of the last meeting were read and approved and followed by the roll call.

Dr. C. T. Fisher read a paper on "Foreign Bodies in the Larynx and Trachea," and exhibited a case of a child three years old with a foreign body in the trachea.

Dr. C. W. Wainwright gave an interesting and instructive talk on "The Etiology of Typhoid Fever."

Dr. Henry Page gave a talk on "The Results of Typhoid Immunization in the United States Army." This was one of the most interesting and instructive talks ever given in this Society. It was so much appreciated by the members that Dr. Page was given a rising vote of thanks.

The Secretary was instructed to communicate with the State Board of Medical Examiners relative to violations of the Medical Practice Act.

The Society fixed the fee for typhoid immunization at five dollars when administered at the physician's office, and five dollars plus the usual fee for calls when administered at the patient's home.

Dr. John T. Ruby of Oriole was elected a member of the Society.

A motion was carried instructing the Secretary to read the Principles of Medical Ethics of the American Medical Association, at the next meeting of the Society.

Those present were: Major Henry Page, U. S. A., Drs. G. T. Atkinson, R. R. Norris, J. F. Somers, G. T. Simonson of Crisfield; I. A. B. Allen and G. C. Coulbourn of Marion; C. W. Wainwright, C. T. Fisher and Henry M. Lankford of Princess Anne.

There being no further business the Society adjourned.

CECIL COUNTY MEDICAL SOCIETY.

The Fall meeting of the Cecil County Medical Society was held at the Union Hospital, Elkton, Maryland, on Thursday, October 16, 1913, at 11 a. m., the following program being given. "Dystocia," by Dr. C. I. Benson; "Anaesthetics during Labor," by Dr. W. T. Morrison; "Blood Pressure," general discussion. The question of the physician's fee was also considered. It was an interesting meeting and well attended.

BOOK REVIEWS.

Review of Reese's Medical Jurisprudence and Toxicology-McCarthy. Eighth Edition.

Professor Reese built well when he issued his work on *Medical Jurisprudence and Toxicology*, for we have before us its "eighth edition." That different men should feel called upon to revise it so as to keep it abreast of the times is another proof of its value, thus the "sixth edition" published in 1902 was "revised" by Henry Leffman, M.D., while the present "eighth edition" is "revised" by D. J. McCarthy, M.D. All know of Professor Reese's work as a standard and a review of it would be superfluous, a few words in regard to this last revision is only needed.

The subject matter and its arrangement have been but little changed, the type, however, in the present edition is larger and clearer than in the former, a decided advantage.

Dr. McCarthy deserves great credit for keeping the size of the work the same as that of the former edition, 660 pages, no small task when one considers the advances that have been made. A quotation from the "preface" to the present edition will do away with some criticisms that might be made: "In order to keep the work abreast of advanced thought and investigation, alterations in the text have been made and new matter added. Inasmuch as it was necessary in doing this to retain much of the old material, simply modifying it, the editor does not hold himself responsible for the subject matter, except in so far as new material has been added. Such a revision as would satisfy the full thought of the editor on many subjects would so enlarge the work as to change its form as a manual." In the present edition less than a page is given to the table of contents while in the former edition eight pages are given, for the purposes of reference we think the old arrangement should have been retained. More attention, it seems to us, should have been given to the purely legal side of the subject; it has seemed to us a fit subject of criticism in Professor Reese's work that not sufficient space was given to those matters concerned with the law and the revision might have been availed of to make the improvement. Insanity has come in for its proper share of attention in the present edition, having 73 pages devoted to it as against 50 in the "sixth edition;" a chapter being given to the "Commitment of the Insane." There is an interesting and instructive discussion in regard to cases of poisoning where bismuth has been taken. Formaldehyde comes in for its proper share of attention under toxicology. The book closes with a brief review of anaphylaxis.

The new revised edition is to be recommended for the use of all those interested in the subjects of which it treats. It sells for \$3.

JOSEPH T. SMITH.

Infant Feeding. By CLIFFORD G. GRULEE, A.M., M.D., Assistant Professor of Pediatrics at Rush Medical College (in affiliation with the University of Chicago); Attending Pediatrician to Cook County, Provident, and St. Barnard's Hospitals, and to the Home for Destitute Cripple Children, Chicago; Associate Pediatrician to the Presbyterian Hospital, Chicago. Illustrated. W. B. Saunders Company, Philadelphia and London. 1912.

This book, while adding very little to the general store of knowledge on the subject, is of real value to physicians and students. By the use of common sense and moderation the author has succeeded unusually well in adopting the modern scientific conception of Finkelstein, Czerny, Keller and others to practical utility.

The most important chapters are those concerning the nutritional disturbances of artificially fed children.

In these he follows Finkelstein's classification (1) weight disturbance (2) dyspepsia, (3) decomposition, (4) intoxication.

The presentation of these subjects is clear and concise and particularly useful to those unfamiliar with German. He very properly emphasizes the great importance of breast feeding and warns against the indiscriminate use of the many proprietary foods.

His strict adherence to a four hour interval of feeding at all ages is open to some argument.

The illustrations are numerous and for the most part good, but those of the stools are very poor. The bibliography is excellent and a valuable asset to the book.

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Vol. VI

DECEMBER, 1913

No. 6

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MEDICAL SOCIETY MEETINGS

Component Societies of the Faculty, with a list of their officers and times of meeting

NOTE.—Secretaries are requested to advise the Secretary of the State Society promptly of the election of new officers in their respective Societies.

BALTIMORE CITY MEDICAL SOCIETY. President, HARRY FRIEDENWALD; Vice-President, WILLIAM H. SMITH; Secretary, EMIL NOVAK; Treasurer, W. S. GARDNER; Censors, R. WINSLOW, C. W. LARNED, C. E. BRACK; Delegates, J. C. BLOODGOOD, WILMER BRINTON, S. G. DAVIS, W. E. MAGRUDER, W. R. STOKES, GORDON WILSON, C. F. BURNAM, J. M. H. ROWLAND, JOHN T. KING, W. A. FISHER.

SECTION OF CLINICAL MEDICINE AND SURGERY. First and Third Fridays, 8.30 P. M., October to May. Chairman, J. STAIGE DAVIS, M.D.; Secretary, E. B. FREEMAN, M.D.

SECTION OF DERMATOLOGY. Third Wednesdays. Chairman, J. WILLIAMS LORD, M.D.; Secretary, I. R. PELS, M.D.

SECTION OF GYNECOLOGY AND OBSTETRICS. Second Fridays in October, December, February and April. Chairman, J. M. H. ROWLAND, M.D.; Secretary, EMIL NOVAK, M.D.

SECTION OF LARYNGOLOGY. Fourth Fridays monthly, 8.30 o'clock. Chairman, LEE COHEN; Secretary, G. W. MITCHELL.

SECTION OF MEDICAL EXAMINERS. Third Fridays in November and March. Chairman, J. D. IGLEHART, M.D.; Secretary, W. E. MAGRUDER, M.D.

SECTION OF NEUROLOGY. Second Friday, monthly. Chairman, ADOLF MEYER, M.D.; Secretary, W. B. CORNELL, M.D.

SECTION OF OPHTHALMOLOGY AND OTOTOLOGY. Third Wednesdays. Chairman, C. A. CLAPP, M.D.; Secretary, L. B. WHITHAM, M.D.

ALLEGANY COUNTY MEDICAL SOCIETY. President, JOHN H. MCGANN, Barton, Md.; Secretary-Treasurer, CHARLOTTE B. GARDNER, Cumberland, Md.; Delegate, A. LEO FRANKLIN. Second Wednesdays of January, April, July and October; annual Meeting in January.

ANNE ARUNDEL COUNTY MEDICAL SOCIETY. President, T. H. BRAYSHAW, Glenburnie, Md.; Secretary, L. B. HENKEL, JR., Annapolis, Md.; Treasurer, F. H. THOMPSON, Annapolis, Md.; Delegate, C. R. WINFERNON. Second Tuesday of January, April, July and October.

BALTIMORE COUNTY MEDICAL SOCIETY. President, A. T. GUNDRY, Catonsville, Md.; Secretary, J. C. MONMONIEE, Catonsville, Md.; Treasurer, F. C. ELDERED, Sparrows Point, Md.; Delegate, H. L. NATLOR, Towson, Md. Third Thursdays, April to October, 2 p. m.; November to March, 1 p. m.

CALVERT COUNTY MEDICAL SOCIETY. President, O. D. SIMMONS, Bowens, Md.; Secretary-Treasurer, J. W. LEITCH, Huntingtown, Md. Delegate, P. BRISCOE. Second Tuesdays in April, August and December; annual meeting second Tuesday in December.

CAROLINE COUNTY MEDICAL SOCIETY. President, W. W. GOLDSBOROUGH, Greensboro, Md.; Secretary-Treasurer, J. R. DOWNS, Preston, Md.; Delegate, H. W. B. ROWE, Hillsboro, Md.

CARROLL COUNTY MEDICAL SOCIETY. President, C. R. FOUTZ, Westminster, Md.; Secretary-Treasurer, H. M. FITZHUGH, Westminster, Md.; Delegate, M. D. NORRIS. April, July, October, December; annual meeting in October.

CECIL COUNTY MEDICAL SOCIETY. President, ERNEST ROWLAND, Liberty Grove, Md.; Secretary-Treasurer, H. BRATTON, Elkton, Md.; Delegate, G. S. DARE. Third Thursdays at Elkton, April, July, October, January; annual meeting in April.

CHARLES COUNTY MEDICAL SOCIETY. President, JOHN W. MITCHELL, Pomonkey, Md.; Secretary-Treasurer, THOMAS S. OWEN, La Plata, Md.; Delegate, L. C. CARRICO. Third Tuesday in May, August and November.

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MEDICAL SOCIETY MEETINGS—Continued

FREDERICK COUNTY MEDICAL SOCIETY. President, M. A. BIRELY, Thurmont, Md.; Secretary, Dr. B. O. THOMAS, Frederick, Md.; Treasurer, H. S. FAHRNEY, Frederick, Md.; Delegate, J. C. ROUTSON. January, April, August and November.

HARFORD COUNTY MEDICAL SOCIETY. President, A. F. VAN BIBBER, Belair, Md.; Secretary-Treasurer, Dr. CHARLES BAGLEY, Bagley, Md.; Delegate, W. S. ARCHER. Second Wednesdays in January, March, May, July, September and November.

HOWARD COUNTY MEDICAL SOCIETY. President, W. R. WHITE, Ellicott City, Md.; Secretary-Treasurer, W. B. GAMBRILL, Ellicott City, Md.; Delegate, W. R. EARECKSON. Meetings (quarterly) first Tuesdays in January, April, July and October.

KENT COUNTY MEDICAL SOCIETY. President, H. G. SIMPERS, Chestertown, Md.; Secretary-Treasurer, F. B. HINES, Chestertown, Md.; Delegate, F. B. HINES.

MONTGOMERY COUNTY MEDICAL SOCIETY. President, F. N. HENDERSON, Rockville, Md.; Secretary-Treasurer, J. L. LEWIS, Bethesda, Md.; Delegate, JAS. DEETS. Third Tuesdays in April and October.

PRINCE GEORGE'S COUNTY MEDICAL SOCIETY. President, H. F. WILLIS, Hyattsville, Md.; Secretary, H. B. McDONNELL, College Park, Md.; Treasurer, W. ALLEN GRIFFITH, Berwyn, Md.; Delegate, G. W. LATIMER. Second Saturday of every second month.

QUEEN ANNE'S COUNTY MEDICAL SOCIETY. President, N. S. DUDLEY, Church Hill, Md.; Secretary-Treasurer, H. F. MCPHERSON, Centreville, Md.; Delegate, W. G. COPPAGE.

SOMERSET COUNTY MEDICAL SOCIETY. President, G. T. SIMONSON, Crisfield, Md.; Secretary-Treasurer, H. M. LANEFORD, Princess Anne, Md.; Delegate, C. W. WAINWRIGHT, First Tuesday in April at Crisfield; first Tuesday in October, at Princess Anne.

TALBOT COUNTY MEDICAL SOCIETY. President, P. L. TRAVERS, Easton, Md.; Secretary-Treasurer, W. L. PALMER, Easton, Md.; Delegate, C. F. DAVIDSON. Annual meeting third Tuesday in November and semi-annual meeting third Tuesday in May.

WASHINGTON COUNTY MEDICAL SOCIETY. President, D. A. WATKINS, Hagerstown, Md.; Secretary, I. M. WERTZ, Hagerstown, Md.; Treasurer, J. R. LAUGHLIN, Hagerstown, Md.; Delegate, J. W. HUMRICHOUSE. Second Thursdays of February, May, September and November.

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Regular Examinations—Examinations are held in Baltimore. Third Tuesday in June for four consecutive days. Second Tuesday in December for four consecutive days.

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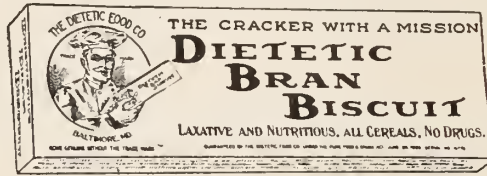
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NOTE: The Publication Committee desires to receive suggestions from members of the Faculty, that will in any way improve the Bulletin.

Vol. VI

BALTIMORE, DECEMBER, 1913

No. 6

HOSPITAL DIRECTORY.

This issue of THE BULLETIN contains a classified list of all institutions in the State for the care of those mentally and physically ill.

Every physician has at some time the duty of recommending a patient to an institution for treatment and, unless he is familiar with the facilities offered by the various State, municipal, county and private hospitals, it becomes a difficult question to decide. Maryland is fortunate in having made provision for practically every class of patients. With the exception of a colony for epileptics and alcoholics, every other form of mental and physical distress may be received for treatment.

For the care of the mentally afflicted there are 5 State, 1 municipal, and 4 county institutions, 3 incorporated private hospitals and 10 private sanatoria.

For the care of tuberculous cases there are 2 State, 1 municipal and 2 private or semi-private hospitals.

There are in Baltimore City 23 general hospitals and dispensaries and in the counties 11 hospitals.

For the treatment of eye, ear, nose and throat diseases, 3 special hospitals in addition to the general hospitals.

For contagious diseases, the Sydenham and Quarantine Hospitals.

The institutions in this Directory are classified alphabetically and under the principal diseases, giving brief information concerning each one.

It is hoped that this Directory will prove of practical help to the members of the Faculty.

ALPHABETICAL LIST OF ALL HOSPITALS, DISPENSARIES, ASYLUMS
AND SANITARIA IN MARYLAND.

- Alleghany County Tuberculosis Sanatorium.....Cumberland, Md.
Alleghany Hospital. General.....Cumberland, Md.
Baltimore Eye, Ear and Throat Charity Hospital and Dispensary
625 W. Franklin St., Baltimore
Baltimore General Dispensary.....Paca and Fayette Sts., Baltimore
Bay View Asylum and Hospitals, Municipal Tuberculosis Hospital, City Deten-
tion Hospital for the Insane and Municipal General Hospital.
Eastern Ave., Baltimore
Biedler-Sellman Sanitarium.....2724 N. Charles St., Baltimore
Cherry Hill Asylum. Mental.....Childs, Cecil County, Md.
Children's Hospital School.....Green Spring Ave. and 41st St., Baltimore
Christ Church Free Dispensary.....602 S. Bond St., Baltimore
Church Home and Infirmary, and Dispensary. General.
Broadway near Fairmount Ave., Baltimore
City Detention Hospital for the Insane.....Eastern Ave., Baltimore
Dupont Lying-In Hospital.....Cambridge, Md.
Eastern Dispensary.....1300 E. Baltimore St., Baltimore
Eastern Shore State Hospital. Mental.....Cambridge, Md.
Emergency Hospital. General.....Annapolis, Md.
Emergency Hospital. General.....Easton, Md.
Eudowood Sanitarium. Tuberculous.....Towson, Md.
Evening Dispensary for Working Women and Girls.....115 W. Barre St., Baltimore
Franklin Square Hospital and Dispensary. General.
Fayette and Calhoun Sts., Baltimore
Frederick City Hospital. General.....Frederick, Md.
Free Dispensary for Treatment of Poor.....1007 E. Baltimore St., Baltimore
Garrett (Robert) Hospital for Children and Dispensary.
27 N. Carey St. Baltimore
Summer Home.....Mt. Airy.
General and Marine Hospital. General.....Crisfield, Md.
Harriet Lane Johnson Hospital for Children.....Baltimore, Md.
Havre de Grace Hospital.....Havre de Grace, Md.
Hebrew Hospital and Dispensary. General.
Monument and Hopkins Sts., Baltimore
Hospital for Women of Maryland, and General Dispensary.
Lafayette Ave. and John St., Baltimore
Jewish Home for Consumptives.....Reisterstown, Md.
Johns Hopkins Hospital and Dispensary. General.
Broadway and Monument Sts., Baltimore
Kelly (Dr. Howard A.), Sanitarium.....1418 Eutaw Place, Baltimore
Kernan (James L.) Hospital and Industrial School for Crippled Children.
Walbrook, Md.
Maryland General Hospital and Dispensary. General.
Madison St. and Linden Ave., Baltimore
Maryland Homeopathic Hospital. General.....1122 N. Mount St., Baltimore
Maryland Lying-in Hospital.....812 Linden Ave., Baltimore
Maryland Tuberculosis Hospital.....State Sanatorium, Md.

Medical and Surgical Free Dispensary,.....1301 Light St., Baltimore
 Mercy Hospital and Dispensary. General...Calvert corner Saratoga St., Baltimore
 Montevue Asylum. Mental.....Frederick, Md.
 Mt. Airy Hospital (Summer Home Garrett Hospital).....Mt. Airy, Md.
 Municipal General Hospital.....Eastern Ave., Baltimore
 Municipal Tuberculosis Hospital.....Eastern Ave., Baltimore
 Northeastern Free Dispensary.....1224 E. Monument St., Baltimore
 Nursery and Child's Hospital.....Franklin and Schroeder Sts., Baltimore
 Pasteur Department, Mercy Hospital.....Calvert and Saratoga Sts., Baltimore
 Peninsula General Hospital. General.....Salisbury, Md.
 Phipps Tuberculosis Clinic and Dispensary.....Johns Hopkins Hospital, Baltimore
 Pine Bluff Sanitarium. Tuberculous.....Salisbury, Md.
 Presbyterian Eye and Ear Hospital. General....1007 E. Baltimore St., Baltimore
 Provident Hospital and Free Dispensary. Colored.....413 W. Biddle St.
 Quarantine Hospital.....Anne Arundel County, Md.
 Queen Anne's County Hospital. General.....Centreville, Md.
 Rosewood State Training School. Feeble-minded.....Owings Mills, Md.
 St. Agnes' Hospital and Free Dispensary. General.....Wilkens Ave., Baltimore
 St. Joseph's Hospital and Free Dispensary. General.

Caroline and Oliver Sts., Baltimore

St. Luke's Hospital. General.....116 W. North Ave., Baltimore
 St. Vincent's Asylum and Maternity Hospital

Lafayette Ave. and Division St., Baltimore

Sanatoria for Mental and Nervous Diseases:

Chestnut Lodge Sanitarium.....Rockville, Md.
 Creighton Sanitarium.....Lutherville, Md.
 Gelston Heights.....Walbrook, Md.
 Gundry (Alfred), Sanitarium.....Catonsville, Md.
 Gundry (Richard), Home.....Catonsville, Md.
 Laurel Sanitarium.....Laurel, Md.
 Mt. Hope Retreat.....Arlington, Md.
 Patapsco Manor Sanitarium.....Ellicott City, Md.
 Pearson Home. Drug addiction.....Forest Park.
 Phipps Psychiatric Clinic.....Johns Hopkins Hospital, Baltimore
 Pinecrest Sanitarium.....Catonsville, Md.
 Relay Sanitarium.....Relay, Md.
 Riggs Cottage.....Ijamsville, Md.
 Sheppard and Enoch Pratt Hospital.....Towson, Md.
 Starmont Sanatorium for Tuberculosis.....Washington Grove, Md.
 Thomas Wilson Sanitarium, Children.....Mt. Wilson, Md.
 Silver Cross Home for Epileptics.....Port Deposit, Md.
 Skin and Cancer Hospital.....1132 N. Mount St., Baltimore
 South Baltimore Eye and Ear Hospital and Dispensary ..1211 Light St., Baltimore
 Southern Free Dispensary.....106 W. Hill St., Baltimore
 Springfield State Hospital. Mental.....Sykesville, Md.
 Spring Grove State Hospital. Mental.....Catonsville, Md.
 Sydenham Hospital. Contagious diseases.....Bay View, Baltimore
 Silvan Retreat. Mental.....Cumberland, Md.

Union Hospital of Cecil County. General.....Elkton, Md.

Union Protestant Infirmary. General.....	1514 Division St., Baltimore
United Charities Hospital, General.....	Cambridge, Md.
U. S. Marine Hospital. General.....	Remington Ave. and 31st St., Baltimore
U. S. Naval Academy Hospital. General.....	Annapolis, Md.
University Hospital and Dispensary. General.....	Lombard and Greene Sts., Baltimore
Washington County Hospital. General.....	Hagerstown, Md.
Western Maryland Hospital. General.....	Cumberland, Md.
Wilson (Thomas), Sanitarium for Children.....	Mt. Wilson, Md.

TUBERCULOUS PATIENTS.

PRIVATE PATIENTS.

A patient requiring treatment for tuberculosis who can pay the regular rates may be admitted to any of the following hospitals: State Sanatorium, Eudowood Sanitarium, Jewish Home for Consumptives, Pine Bluff Sanitarium.

INDIGENT PATIENTS.

A patient residing in Baltimore, unable to pay for treatment, can be admitted to the municipal tuberculosis department at Bay View. If the patient is a resident of one of the counties, there are a limited number of free beds at the State sanatorium, which may be placed at their disposal.

THE CARE OF THE TUBERCULOUS POOR OF BALTIMORE CITY.

At present the Supervisors have the following beds for tuberculosis patients:

1. The Municipal Hospital, Bay View grounds, for white and colored; capacity, 200 beds.
2. State Sanatorium, incipient cases, white; fifty beds.
3. Eudowood, incipient and advanced cases; white; ten beds.
4. Hebrew Consumptive Hospital, incipient and advanced cases, white; six beds.

With reference to the Municipal Tuberculosis Hospital any case is admitted to the hospital at request, as long as there are vacancies, and, when the wards are full, a waiting list is kept and patients admitted according to their position on the waiting list, the only exceptions being that moribund patients and those without homes are admitted out of order.

Once a week, patients applying for the different sanatoriums are examined at the City Hall Annex, and those who are unable to go, save as free patients, are assigned to the waiting list of the different sanatoriums, according to the stage of advancement of the disease.

The policy of the Board is to send its incipient cases to the State Sanatorium; its Jewish patients to the Hebrew Sanatorium; its moderate and far

advanced cases to Eudowood, and to use the Municipal Tuberculosis Hospital for all patients not included above and for such as are on the waiting list of the sanatoriums, but who have to wait some time on account of their position on the list.

DIRECTIONS FOR ADMISSION TO STATE SANATORIUM.

The Sanatorium is open to all white citizens of Maryland, who have been residents of the State for at least one year preceding the date of application, and whose disease is in a stage to present reasonable hopes of cure or material improvement.

The Sanatorium is in no sense a proper place for desperate cases and none such will be intentionally received, or if received they can not in justice to themselves and other patients be kept. Physicians are most earnestly warned not to encourage such cases to hope for admission.

Patients, as the first step to admission, should apply to their own physicians, or to one of the regular examining physicians for the Sanatorium, to be examined. The Medical Superintendent will, at the request of any physician in good professional standing, resident of Maryland, furnish him with blank forms to be filled in at the appropriate places by him, with data regarding the applicant's symptoms and physical condition. After examining an applicant, the doctor making the examination should at once send in his report of the result of his examination to the Medical Superintendent, State Sanatorium, P. O., Md., and this report, if properly prepared, will be considered when received at the Sanatorium as an application for admission, and will be so treated.

Applications will be considered and acted upon in the order in which they are received, and each accepted applicant will be notified to report to the Sanatorium by the Superintendent in the order in which his or her application is received. No application will be admitted unless previously examined for admission and his or her application accepted by the Medical Superintendent, aided by Dr. H. W. Buckler and Dr. Gordon Wilson.

Each patient will be charged a rate of \$3.50 per week and upward, except as hereinafter stated, all bills payable in advance.

The Board of Managers have reserved 200 free beds for patients who are unable to pay. Holders of such beds must be favorable cases, and must present to the Superintendent two letters from reputable persons, (not relatives) or other satisfactory evidence that they are unable to pay, and worthy of the privilege of such free treatment.

There are accommodations for patients desiring private rooms at \$7.00 and \$10.00 per week.

Patients leave the Sanatorium only upon the advice or consent of the Superintendent. No patient will be kept longer than six months should the bed be needed for a new patient.

State Sanatorium. Post office, State Sanatorium, Frederick County, Md. Railroad Station, Sanatorium, Western Maryland Railroad. Capacity 450 beds, of which 200 are for advanced cases, 200 for early cases that admit of possibility of cure and 50 for children.

Applicants for admission may apply to any reputable physician for examination who upon filing application will be admitted in order of receipt of application. The management maintains office at 607 Union Trust Building, Baltimore, where applicants can be examined on every Wednesday, at 12 o'clock. Application blanks can be obtained from the Superintendent, Dr. Victor Cullen.

Hospital for the Consumptives of Maryland, Eudowood Sanitarium, Towson, Md. Medical Superintendent, Martin F. Sloan, M.D.

All white citizens of the State of Maryland are eligible for admission. Application to be made through the Medical Superintendent on a blank card which is issued for this purpose. The requests are filed and applicants received in their regular order. Occasionally in an emergency case, a patient is admitted out of the regular order. A limited number of indigent cases are received, while those who can afford to pay are expected to do so. Incipient cases are charged at the rate of 90 cents a day and advanced cases at \$1.10. Special rates of from \$3.00 to \$10.00 a week are made in selected cases. Applicants for admission can be examined by the Medical Superintendent at the Phipps Dispensary of the Johns Hopkins Hospital. Patients too ill to report at the Dispensary may be examined at their homes. Telephone, Towson 365.

Jewish Home for Consumptives, Reisterstown, Md. Medical Superintendent, Dr. Walter Sexton.

Patients are accepted in every stage of pulmonary tuberculosis, and even suspects. During the summer, the porches are made use of to furnish vacations for tired working-people and children. Application for admission is made at the office of the hospital at 411 W. Fayette St., by the patient or representative. The patient must then be examined and classified by the resident physician or one of the visiting physicians. This is done at the Phipps Dispensary. If the patient is not ambulant special arrangement is made for this examination. From the list thus passed by the examiners the admission committee admits the patients in turn, now and then however departing from the routine on account of medical or social exigencies. Most of the beds are free (nearly all).

City Dispensaries where tuberculous cases may be examined are: The Phipps Dispensary, Johns Hopkins Hospital; The University of Maryland Tuberculosis Dispensary, and office of the State Sanatorium, Room 607, Union Trust Building.

MENTAL DISEASES.

Telling how a patient having a mental disorder may be advised concerning treatment and admission to the institutions in this State for such cases.

THE MENTAL HYGIENE COMMITTEE.

The Mental Hygiene Committee was organized for the purpose of prevention and after-care in mental diseases. It is an agency which seeks to coöperate with the patients and advise concerning the hospital treatment for mental cases and undertakes to remove from the hospitals patients who are in a condition to live outside of the institutions under supervision. The work of the Committee is done gratuitously and is at the service of the members of the Faculty. It is in close touch with all State institutions and charitable organizations. The executive secretary, Dr. W. B. Cornell, can be found at the office of the Committee, Room 606 Union Trust Building, every morning, except Tuesday, from 10 to 11 a.m.

PRIVATE PATIENTS.

A patient requiring treatment for a mental disorder who is able to pay the rates in a private sanitarium may be admitted either as a voluntary patient by signing the "voluntary commitment form" or upon the certificate of two physicians who have been in practice five years or longer. A voluntary patient may leave the institution at any time by giving at least three days' notice in writing. A committed patient may be removed by relatives who are willing to assume all responsibility for the patient's conduct. The following is a list of institutions licensed by the Lunacy Commission or otherwise authorized by law for the reception of private patients.

Chestnut Lodge Sanitarium, Rockville, Md. Medical Director, Ernest L. Bullard, M.D.

Accessible by Baltimore and Ohio Railroad, or by electric car from Washington. Nervous and mental diseases treated, also drug and alcoholic addictions. Rates in accordance with accommodation and condition of patient. Male and female patients received. Both voluntary and committed patients admitted. Telephone, C. & P. Rockville 14.

Creighton Sanitarium, Dr. L. Gibbons Smart, Superintendent. Luther-ville, Md.

Accessible by Maryland and Pennsylvania Railroad or electric car from Towson. Rates according to accommodations and condition of patient. Male and female patients received.

Gelston Heights, Walbrook, Baltimore, Md. Medical Director, Samuel J. Fort, M.D.

Accessible by Ellicott City car. Feeble-minded and selected mental cases received. Male and female patients admitted. Both voluntary and committed patients received. Telephone, C. & P. Walbrook 707.

The Gundry Sanitarium, "Athol," Catonsville, Md. Medical Director, Alfred T. Gundry, M.D.

Accessible by the Catonsville electric cars. Nervous and selected cases of mental diseases treated. No male patients received. Rates according to accommodation and condition of patient. Both voluntary and committed patients received. Accommodations for 50 patients. Graduate nurses in attendance when required. Telephone, C. & P. Catonsville 78.

Henry Phipps' Psychiatric Clinic, Johns Hopkins Hospital. Director Adolf Meyer, M.D.; Resident Physician, D. K. Henderson, M.D.

Voluntary and committed patients received. A limited number of charity cases received. Rates for private and semi-private patients may be obtained by applying direct to the Physician-in-charge. Telephone, C. & P. Wolfe 5500.

The Laurel Sanitarium, Laurel, Md. Medical Directors, Jesse C. Coggrns, M.D., Cornelius DeWeese, M.D.

Accessible by Baltimore and Ohio Railroad from both Baltimore and Washington. Train every hour. Electric cars direct from Washington. Nervous and mental diseases treated. Selected cases of drug and alcoholic addictions. Rates according to accomodation and condition of patient. Separate building for male and female patients. Capacity limited to 100 cases. Both voluntary and committed patienns received. Telephone, C. & P. Laurel 17.

Mount Hope Retreat, Arlington, Md. Owned and controlled by the Sisters of Charity. Sister M. Magdalenc, Sister Superior. Physician-in-Chief, Charles G. Hill, M.D.

Accessible from Union Station and Walbrook Station by Western Maryland Railroad, or by Emory Grove, Pikesville, or Owings Mills electric car. Indigent patients received from Baltimore City and the counties. Private patients received. Maintained by income from City and Counties, and private patients. Visiting days, every day except Sunday, 9 to 11 a.m. and 1 to 4 p.m. Telephone, Arlington 64.

Patapsco Manor Sanitarium, Ellicott City, Md. Superintendent, W. Rushmer White, M.D.

Accessible by Baltimore and Ohio Railroad, Camden Station, or by Ellicott City electric cars. A private home devoted exclusively to the care of drug, alcoholic, nervous and selected mental cases. Male and female patients received. Both voluntary and committed patients received. Rates according to accommodation and condition of patient. Accommodation for 30 patients. Telephone, C. & P. Ellicott City 16.

Pierson Home. Drs. C. B. Pearson and D. M. Lowe, Superintendents. Hillsdale, Md.

Located on Forest Park Ave. between Garrison Ave. and Hillsdale.

Limited to the treatment of Drug Addictions.

Can accommodate 49 patients. Rates according to accommodations and condition of patient.

Pinecrest Sanitarium, Catonsville, Md. Owned by Miss Anna A. Sieling, R.N. Medical Director, Dr. Henry A. Kolb.

Accessible by Catonsville electric cars to Norwood Avenue. Nervous and mental diseases treated. Rates in accordance with accommodation and condition of patient. Male and Female patients received. Both voluntary and committed patients received. Telephone, C. & P. Catonsville 334.

The Relay Sanitarium, Relay Station, Md. Medical Director, Lewis H. Gundry, M.D.

Accessible by train from Camden Station every hour, *via* Baltimore and Ohio Railroad. Nervous and mental diseases treated and drug and alcoholic addictions. Rates according to accommodation and condition of patient. Male and female patients received, both voluntary and committed cases admitted. Telephone, C. & P. Elkridge 40.

The Richard Gundry Home, "Harlem Lodge," Catonsville, Md. Medical Director, Richard F. Gundry, M.D.

Accessible by Ellicott City electric cars to Harlem Lane. Nervous and mental diseases treated, also drug and alcoholic addictions. Rates in accordance with accommodation and condition of patient. Male and female patients received. Both voluntary and committed patients received. Graduate nurses in attendance when required. Telephone, C. & P. Catonsville 86.

Riggs' Cottage, Ijamsville, Md. Medical Director, George H. Riggs, M.D.

Accessible by Baltimore and Ohio Railroad, Camden Station. Nervous and mental diseases treated, also drug and alcoholic addictions. Rates in accordance with accommodation and condition of patient. Male and female patients received. Both voluntary and committed patients received. Trained nurses in attendance. Telephone, C. & P. Long Distance, New Market 9-4.

Sheppard and Enoch Pratt Hospital, Towson, Md. Physician-in-Chief and Superintendent, Edward N. Brush, M.D.

Accessible from North Avenue and Oak Street by Maryland and Pennsylvania Railroad at Sheppard Station, or by the Towson electric cars every twenty minutes.

Incorporated hospital for the treatment of nervous and mental diseases. Charity patients and those at nominal rates are received at the discretion of the Trustees. Such cases must be recommended to the Trustees by the

Medical Superintendent, who must have a full history of the case. Chronic and hopeless cases are not admitted under these conditions. Alcoholic and drug cases not received. Patients received both upon their voluntary application and on commitment. Accommodation for 150 patients. Trained nurses, male and female. Training School organized. Visiting days, Monday, Thursday and Saturday, 2 to 4.30 p.m. Telephone, C. & P. Tuxedo 350.

INDIGENT PATIENTS.

A patient requiring treatment for a mental disorder who is unable to pay the rates at a private institution may be received either at a county asylum, municipal or State hospital, depending upon their place of residence.

Patients from Baltimore City, who are public charges must apply to the Supervisors of City Charities, Room 241, in the Court House for admission either to the City Detention Hospital at Bay View, or to one of the State Hospitals, or Mount Hope Retreat, where the city maintains 250 beds. The Supervisors of City Charities has a limited number of beds in each of the State Hospitals and keeps a waiting list of patients who are sent to these hospitals as a vacancy occurs. If the case is urgent and requires immediate care there is always a bed at the Department for the Insane at Bay View.

Any patient who is a resident of Baltimore, or whose immediate relatives live in Baltimore is a proper charge upon the city provided they are unable to pay for treatment in a private hospital. It costs the city \$100 a year for each patient sent to a State hospital and \$150 a year for each patient sent to Mt. Hope Retreat. The Supervisors require the patient or relatives to reimburse the city, either in whole or in part whenever possible. Upon the presentation of two physicians' commitment certificates to Mr. N. G. Grasty, Secretary to the Supervisors of City Charities and an explanation of the case, no difficulty is experienced in having the patient receive the proper care and attention.

Patients from the counties who are public charges must present to the County Commissioners of their county two physicians' commitment certificates, with a statement of the case. The counties pay \$100 for each patient sent to a State Hospital, and whenever possible expect the patient's relatives to reimburse the county to that amount. The counties are not restricted as to the number of beds in a State Hospital. The County Commissioners issue the admit and the patient is taken to the State Hospital. In the case of a female patient, she must always be accompanied by her father, husband or adult brother or son, or by some relative, friend, or nurse of the same sex.

Any person resident of Maryland who develops a mental disorder out-

side of the State may be returned to Maryland as a proper charge on the county or city in which he or she resided.

The following institutions receive indigent patients.

Spring Grove State Hospital. Catonsville, Md. Superintendent, J. Percy Wade, M.D.

Accessible every ten minutes from City Hall by Catonsville electric cars. Indigent patients received from Baltimore City and the counties. Maintained by city, county and State revenue. Limited number of private patients received, at \$1.00 a day. Visiting days, every day from 10 a.m. to 4 p.m. Telephone, C. & P., Catonsville 241.

Springfield State Hospital, Sykesville, Md. Superintendent, J. Clement Clark, M.D.

Accessible by train from Camden Station. Indigent patients received from Baltimore City and Counties. Maintained by city, county and State revenue. No private patients received. Visiting days, every day, except Tuesday and Saturday. Telephone, C. & P. Sykesville 41.

Crownsville State Hospital, Crownsville, Md. Superintendent, Robert P. Winterode, M.D.

Accessible by Washington, Baltimore and Annapolis Electric Railroad every hour. Indigent negro patients received from Baltimore City and Counties. Maintained by city, county and State revenue. Private patients received, \$1.00 a day. Visiting days, every day from 10 a.m. to 4 p.m. Telephone, C. & P. Annapolis 18-26.

Eastern Shore State Hospital, Cambridge, Md. Superintendent, Charles J. Carey, M.D.

Accessible by boat or rail. Indigent patients received from the Eastern Shore of Maryland. Maintained by county and State revenue. Private patients received, \$1.00 a day. Visiting days, every day from 10 a.m. to 4 p.m. Telephone, C. & P. Cambridge.

Rosewood State Training School for the Feeble-Minded, Owings Mills, Md. Superintendent, Frank W. Keating, M.D.

Accessible by train from Hillen, Union and Walbrook Stations by Western Maryland Railroad, or by the Owings Mills and Emory Grove electric cars every twenty minutes. Indigent patients received from any part of the State. Maintained by State appropriation. Visiting days, last Friday in each month. Telephone, C. & P. Pikesville 131.

Method of Admission to Rosewood State Training School. The Board of Visitors shall consider proper subjects to receive the benefits of the Training School, who shall present a certificate of the Orphans' Court or County Commissioners of the city or county in which said persons respectively reside, that they, their parents or guardians, are unable to pay for the maintenance and education in whole or in part; and if such persons or any

of them, their parents or guardians, are able to pay for such maintenance and education in part, then said Visitors shall be at liberty to charge so much as they shall find such persons, their parents or guardians, are severally able to pay toward such maintenance and education; but where such persons, their parents or guardians, are able to pay in full, the said visitors are permitted to charge such reasonable amount as will cover the expense for the maintenance and education of each person so able to pay, and said visitors shall also be authorized to receive feeble-minded children from other States and the District of Columbia when there is ample room in said institution for the same upon such terms and conditions as the Board of Visitors shall approve; and all moneys so received for Board or tuition shall be applied to the maintenance of said institution. Application for admission should be made to the Superintendent, Dr. Frank W. Keating.

Bay View Asylum, Baltimore, Md. Superintendent, Mr. Lamar Hollyday.

Accessible by street car. Indigent patients received from Baltimore City. Maintained by city appropriation. No pay patients received. Visiting days, every day. Patients admitted upon order of the Supervisors of City Charities. Telephone, C. & P. St. Paul 2000.

Montevue Asylum, Frederick, Md. Superintendent, Mr. Samuel U. Gregg.

Accessible by Baltimore and Ohio Railroad from Camden Station. Indigent patients received from Frederick County. Maintained by county and State appropriation. Pay patients received. Patients admitted upon order of County Commissioners. Telephone, C. & P. Long Distance, Frederick.

Sylvan Retreat, Cumberland, Md. Superintendent, Mr. John Minnick.

Accessible by Baltimore and Ohio Railroad from Camden Station. Indigent patients received from Allegany County. Maintained by county appropriation. Pay patients received. Visiting days, every day. Patients admitted upon order of County Commissioners. Telephone, C. & P. Long Distance, Cumberland.

Cherry Hill Asylum, Childs, Cecil County, Md. Superintendent, Mr. E. Kirk Cameron.

Indigent patients received from Cecil County. Maintained by county appropriation. No pay patients received. Patients admitted upon order of County Commissioners.

Bellevue Asylum, Hagerstown, Md. Superintendent, Mr. Oswald Crist.

Indigent patients received from Washington County. Maintained by county appropriation. No pay patients received. Patients admitted upon order of County Commissioners.

SEMI-PRIVATE PATIENTS.

There is a class of patients who do not care to become public charges, yet are not in a position to pay the full rates at a private hospital. These cases may be treated in the following institutions at a reduced rate, depending upon the nature of their mental disorder, whether recoverable or not and any other factors which may entitle the patient to special consideration: Phipps' Psychiatric Clinic, Sheppard and Enoch Pratt Hospital, Mount Hope Retreat, Gelston Heights.

Most of the private sanatoria will make a special rate for deserving cases.

CHILDREN'S DISEASES.

Cases of acute infectious diseases will not find any hospital accommodations in Baltimore except for cases of diphtheria and scarlet fever which are now accommodated in the Sydenham Hospital at Bay View. Applications should be made to the Health Commissioner of Baltimore.

Children suffering with acute medical diseases may be sent to the Harriet Lane Hospital at the Johns Hopkins; Mt. Airy Hospital (Summer), Mt. Airy; Robert Garrett Hospital, 27 N. Carey St.; Thomas Wilson Sanitarium (Summer), Mt. Wilson; or to the children's wards in the following hospitals: Franklin Square Hospital, Calhoun and Fayette Sts.; Hebrew Hospital and Asylum, Monument St. and Rutland Ave.; Maryland General Hospital, Linden Ave. and Madison St.; Mercy Hospital, Calvert and Saratoga Sts.; St. Agnes Hospital, Wilkens Ave.; Union Protestant Infirmary, 1514 Division St.; University of Maryland Hospital, Lombard and Greene Sts.

Acute surgical disorders of children will also be admitted to the above and orthopedic cases are treated at these hospitals and also at the Children's Hospital School, Green Spring Ave., The James Lawrence Kernan Hospital and Industrial School, Radnor Park. Infants are admitted for more prolonged stays, than is permitted at the general hospitals, in the Nursery and Child's Hospital, Schroeder and Franklin St., and the St. Vincent's Infant Asylum, Division St. and Lafayette Ave. Colored infants are admitted to St. Elizabeth's Home, 317 St. Paul St.

Orphan children are admitted for care and if ill during their stay will be given medical and surgical treatment at the Baltimore Orphan Asylum, 215 N. Stricker St.; Eden St. Home for Friendless Children, Chase and Eden Sts.; General German Orphan Asylum, Aisquith and Orleans Sts.; Hebrew Sheltering and Protective Association Home, 22 N. Broadway.; Hebrew Orphan Asylum, Raynor Ave., Calverton; Home of the Friendless, Druid Hill Ave. & Lafayette Ave.; John F. Weissner Orphan Asylum, 3491 Eastern Ave.; Nursery & Child's Hospital, Franklin and Schroeder Sts.; St. Anthony's Orphan Asylum, 925 N. Central Ave.; St. Mary's Female

Orphan Asylum, Roland Park; St. Vincent de Paul Male Orphan Asylum, Swartz Ave. and York Road.

Colored children are admitted for care to the St. Elizabeth's home 311 St. Paul St., The Maryland Baptist Orphanage, 909 McMechen Street, and the House of Good Shepherd for Colored Girls, Calverton Road and Franklin St.

In the summer time sick children and infants may be sent to Mr. Airy Hospital, the summer station of the Robert Garrett Hospital, applications to be made to the Robert Garrett Hospital Dispensary, 27 N. Carey St. and sick infants may be sent to the Thomas Wilson Sanitarium, Mt. Wilson, applications to be made to the milk stations of the Babies Milk Fund. Milk is distributed and advices regarding the feeding of infants is given at the stations of the Babies Milk Fund which are as follows:

Central Office of Babies Milk Fund Association, 10 Fayette St., Baltimore.

Milk Dispensaries daily except Sunday, 1021 N. Caroline St., 12 noon to 1 p.m.; 1212 E. Baltimore St., 9 to 10 a.m.; 814 W. Lombard St., 12 noon to 1 p.m.; 602 N. Bond St., 12 noon to 1 p.m.; 816 Kenwood Ave., 10 to 11 a. m.

Welfare Stations, 1021 N. Caroline St.; Thursdays 10 to 11 a.m.; 1212 E. Baltimore St., Wednesdays 2 to 3 p.m.; 1418 Light St.; Thursdays 2 to 3 p.m.; 814 W. Lombard St., Fridays 3 to 4 p.m.; 1229 McCulloh St., Wednesdays 2 to 3 p.m.; Towson and Clement St., Wednesdays 2 to 3 p.m., (Locust Point).

Information regarding the placing of infants and children may also be obtained from the charity organization and from the Henry Watson Aid Society. An outdoor department for infants and children is maintained at all of the general hospitals mentioned in the first group.

Harriet Lane Hospital, Johns Hopkins Hospital, Dr. John Howland, Superintendent. 105 beds. Both private and public patients received.

Robert Garrett Hospital, 27 N. Carey St., Dr. W. B. Platt, Superintendent. 32 beds. Only public patients received.

Thomas Wilson Sanitarium, Mt. Wilson, Md., Dr. J. M. H. Knox, Superintendent. Beds. Only public patients received.

FOR TREATMENT OF RABIES.

Pasteur Department, Mercy Hospital, Dr. N. G. Keirle, Director. Private patients make application to the Mercy Hospital direct, but public cases apply to their county commissioner or to the Superintendent of City Charities in the city. These are referred to the State Department of Health who issue an order for their treatment. The majority of cases are out patients.

APPOINTMENTS OF COMMITTEES FOR 1914.

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Midwifery Law. J. M. H. Rowland, Mary Sherwood, Leonard E. Neale, G. W. Dobbin, J. O. Purvis.

Publication Committee. A. P. Herring, John Ruhräh, J. Staige Davis.

BOOK REVIEWS.

The Operating Room and the Patient. by RUSSELL S. FOWLER, M.D., Chief Surgeon First Division, German Hospital, Brooklyn, New York. Third Edition. Rewritten and enlarged. Octavo volume of 611 pages with 212 illustrations. W. B. Saunders Company, Philadelphia and London, 1913.

A thoroughly up to-date revision of a most valuable adjunct to a surgeon's armamentarium. The work is equally important to surgeon, hospital and nurse. Not alone does it give accurate information as to the various instruments, dressings, solutions preparation of the patient for innumerable operations but includes most explicit directions for after care of patient and wound. The formulas and methods of preparing and preserving sutures the proper sterilization of dressings, the preparation of instruments and supplies are treated at length and in a most intelligent and comprehensive manner. The volume contains much information in a concise and accessible form which is scattered in indefinite and often inaccessible works on medicine, surgery and the various specialties. It is difficult to select any definite feature as most

prominent but the author's insistence on absolute cleanliness not alone during the operation but that all consequent procedures should be equally safeguarded, is a most commendable feature. "Many a patient's life has been rendered almost unbearable because of a cystitis acquired through carelessness in catheterization" speaks volumes and is only too true in the experience of most surgeons.

The Practitioner's Visiting List for 1914. An invaluable pocket-sized book containing memoranda and data important for every physician, and ruled blanks for recording every detail of practice. The Weekly, Monthly and 30-Patient Perpetual contain 32 pages of data and 160 pages of classified blanks. The 60-Patient Perpetual consists of 256 pages of blanks alone. Each in one wallet-shaped book, bound inflexible leather, with flap and pocket, pencil with rubber, and calendar for two years. Price by mail, postpaid, to any address, \$1.25. Thumb letter index, 25 cents extra. Descriptive circular showing the several styles sent on request. Philadelphia and New York: Lea and Febiger, Publishers.

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The Physician's Visiting List (Lindsay and Blackiston's) for 1914. Sixty-third year of its publication. Philadelphia: P. Blackiston's Son and Company (Successor to Lindsay and Blackiston), 1012 Walnut Street. Sold by all Booksellers and Druggists.

The Physician's Visiting List is too well known, after its sixty-third year of publication, to need more than a passing line. It contains, besides the space for the records for services rendered, considerable useful material which might be needed at a moment's notice, such as notes on "Incompatibility of Drugs," the "Immediate Treatment of Poisoning," and a very complete "Dose-Table." Oldberg's article on "Weights and Measures" and a table for "Comparison of Thermometers," and short practical points on "Asphyxia and Apnea."

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Vol. VI

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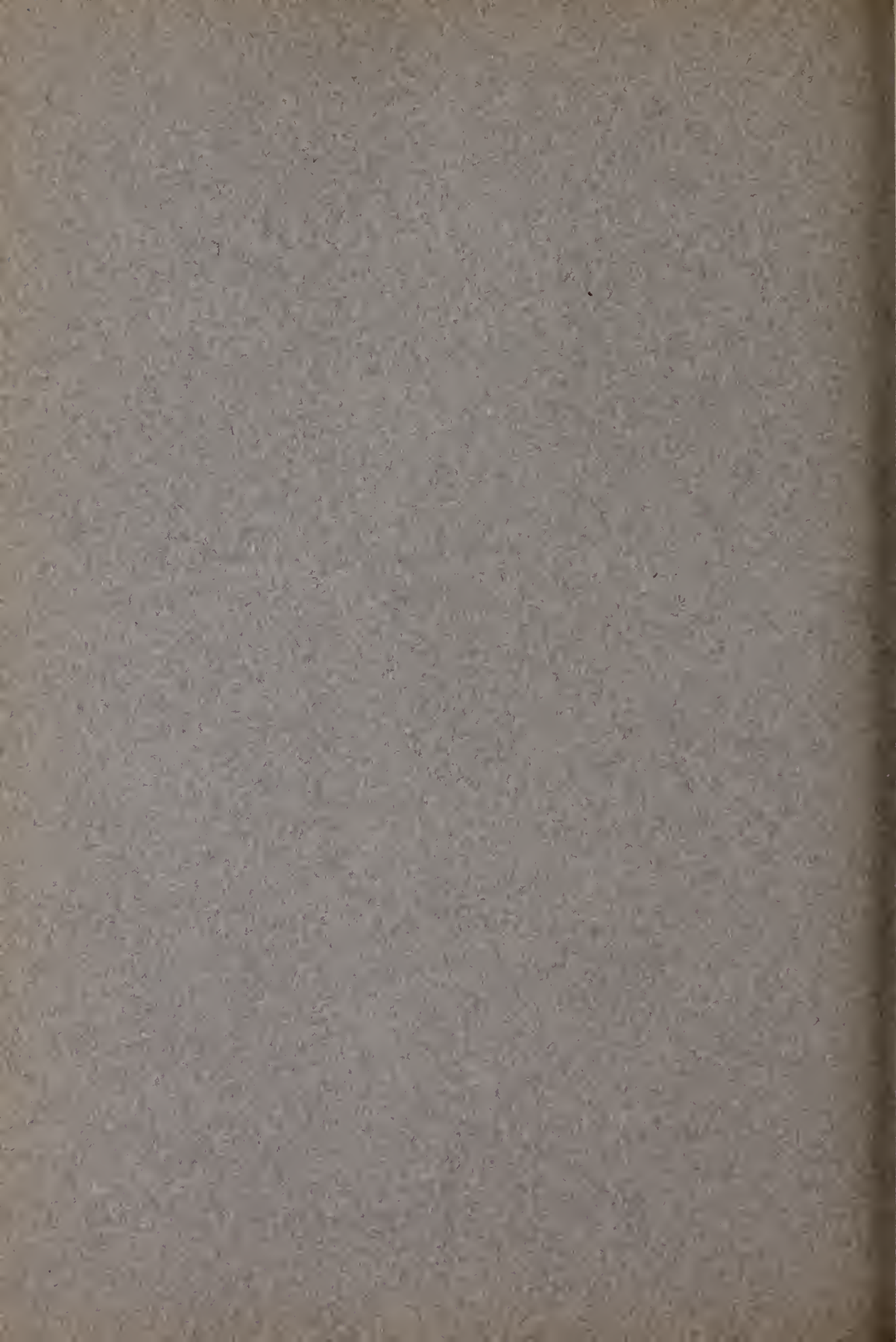
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MEDICAL SOCIETY MEETINGS

Component Societies of the Faculty, with a list of their officers and times of meeting

NOTE.—Secretaries are requested to advise the Secretary of the State Society promptly of the election of new officers in their respective Societies.

BALTIMORE CITY MEDICAL SOCIETY. President, HARRY FRIEDENWALD; Vice-President, WILLIAM H. SMITH; Secretary, EMIL NOVAK; Treasurer, W. S. GARDNER; Censors, R. WINSLOW, C. W. LARNED, C. E. BRACK; Delegates, J. C. BLOOGOOD, WILMER BRINTON, S. G. DAVIS, W. E. MAGRUDER, W. R. STOKES, GORDON WILSON, C. F. BURNAM, J. M. H. ROWLAND, JOHN T. KING, W. A. FISHER.

SECTION OF CLINICAL MEDICINE AND SURGERY. First and Third Fridays, 8.30 P. M., October to May. Chairman, J. STAIGE DAVIS, M.D.; Secretary, E. B. FREEMAN, M.D.

SECTION OF DERMATOLOGY. Third Wednesdays. Chairman, J. WILLIAMS LORD, M.D.; Secretary, I. R. PELS, M.D.

SECTION OF GYNECOLOGY AND OBSTETRICS. Second Fridays in October, December, February and April. Chairman, J. M. H. ROWLAND, M.D.; Secretary, EMIL NOVAK, M.D.

SECTION OF LARYNGOLOGY. Fourth Fridays monthly, 8.30 o'clock. Chairman, LEE COHEN; Secretary, G. W. MITCHELL.

SECTION OF MEDICAL EXAMINERS. Third Fridays in November and March. Chairman, J. D. IGLEHART, M.D.; Secretary, W. E. MAGRUDER, M.D.

SECTION OF NEUROLOGY. Second Friday, monthly. Chairman, ADOLF MEYER, M.D.; Secretary, W. B. CORNELL, M.D.

SECTION OF OPHTHALMOLOGY AND OTOTOLOGY. Third Wednesdays. Chairman, C. A. CLAPP, M.D.; Secretary, L. B. WHITHAM, M.D.

ALLEGANY COUNTY MEDICAL SOCIETY. President, JOHN H. MCGANN, Barton, Md.; Secretary-Treasurer, CHARLOTTE B. GARDNER, Cumberland, Md.; Delegate, A. LEO FRANKLIN. Second Wednesdays of January, April, July and October; annual Meeting in January.

ANNE ARUNDEL COUNTY MEDICAL SOCIETY. President, T. H. BRAYSHAW, Glenburnie, Md.; Secretary, L. B. HENKEL, JR., Annapolis, Md.; Treasurer, F. H. THOMPSON, Annapolis, Md.; Delegate, C. R. WINTERSON. Second Tuesday of January, April, July and October.

BALTIMORE COUNTY MEDICAL SOCIETY. President, A. T. GUNDRY, Catonsville, Md.; Secretary, J. C. MONMONIER, Catonsville, Md.; Treasurer, F. C. ELDBREN, Sparrows Point, Md.; Delegate, H. L. NAYLOR, Towson, Md. Third Thursdays, April to October, 2 p. m.; Novsmer to March, 1 p. m.

CALVERT COUNTY MEDICAL SOCIETY. President, O. D. SIMMONS, Bowens, Md.; Secretary-Treasurer, J. W. LEITCH, Huntingtown, Md. Delegate, P. BRISCOE. Second Tuesdays in April, August and December; annual meeting second Tuesday in December.

CAROLINE COUNTY MEDICAL SOCIETY. President, W. W. GOLDSBOROUGH, Greensboro, Md.; Secretary-Treasurer, J. R. DOWNS, Preston, Md.; Delegate, H. W. B. ROWE, Hillsboro, Md.

CARROLL COUNTY MEDICAL SOCIETY. President, C. R. FOUTZ, Westminster, Md.; Secretary-Treasurer, H. M. FITZHUGH, Westminster, Md.; Delegate, M. D. NORRIS. April, July, October, December; annual meeting in October.

Cecil County Medical Society. President, ERNEST ROWLAND, Liberty Grove, Md.; Secretary-Treasurer, H. BRATTON, Elkton, Md.; Delegate, G. S. DARE. Third Thursdays at Elkton, April, July, October, January; annual meeting in April.

CHARLES COUNTY MEDICAL SOCIETY. President, JOHN W. MITCHELL, Pomonkey, Md.; Secretary-Treasurer, THOMAS S. OWEN, La Plata, Md.; Delegate, L. C. CARRICO. Third Tuesday in May, August and November.

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MEDICAL SOCIETY MEETINGS—Continued

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HARFORD COUNTY MEDICAL SOCIETY. President, A. F. VAN BIBBER, Belair, Md.; Secretary-Treasurer, Dr. CHARLES BAOLEY, Bagley, Md.; Delegate, W. S. ARCHER. Second Wednesdays in January, March, May, July, September and November.

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Regular Examinations—Examinations are held in Baltimore. Third Tuesday in June for four consecutive days. Second Tuesday in December for four consecutive days.

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OF MARYLAND

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C. W.

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OF THE

MEDICAL AND CHIRURGICAL FACULTY OF MARYLAND

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NOTE: The Publication Committee desires to receive suggestions from members of the Faculty, that will in any way improve the Bulletin.

Vol. VI

BALTIMORE, JANUARY, 1914

No. 7

FACULTY FACTS

In pursuance of the custom established two years ago by constitutional amendment, the officers of the faculty elected at the last Annual Meeting assume their duties on January 1st, 1914. The picture of Dr. Randolph Winslow, president for the year, is given herewith; and the full list of officers and committees for 1914 may be found on the first and second pages of the BULLETIN.

This year the state legislature meets again, and many measures relative to medicine and of vital interest to this Faculty will be brought up. It is hoped that every member will unite with the officers in working for proper legislation, especially in things medical, and that there may be no lowering of our standards.

Another thing to be considered is the reduction of the debt on our Faculty Building. A small portion of this debt was paid off in 1913, but not sufficient to materially reduce the annual interest which still remains a very serious drain on the Faculty's resources. We have accomplished great things in the past few years and they should be an incentive to concerted work that this year, the fifth in our splendid building, may close free of debt.

PAPERS READ AT A MEETING OF THE
BOOK AND JOURNAL CLUB
"IN MEMORIAM"

DR. EUGENE FAUNTLEROY CORDELL

November 18, 1913

A SKETCH OF HIS LIFE

BY RANDOLPH WINSLOW, M.D.

Delivered at the exercises of Academic Day of the University of Maryland, November 11, 1913, and at the Book and Journal Club, November 18, 1913.

Pallid Death, who visits impartially the hovels of the poor and the palaces of princes, has knocked again at our door, and one of our most distinguished, most useful, and most loyal co-laborers has answered to the call.

On July 31, 1913, Eugene Fauntleroy Cordell, A.M., M.D., Professor of the History of Medicine and Librarian of the Medical School, locked the doors of the Library and posted a notice that the Library would not be open until September 1. With a light heart and a lithesome step he left the halls that were so dear to him, and eagerly anticipated his usual vacation of a month. With his devoted wife he visited the scenes of his boyhood at Charlestown, W. Va., and with his cup overflowing with delight, he spent several weeks in joyous communion with his friends in that pleasant town. During the latter part of his visit he was seized with a painful, but not alarming disorder, and returned home. His condition was not such as to cause apprehension, and it was confidently expected that he would be able to resume his activities in a few days. This expectation, however, was not to be realized, as on the morning of August 27, he suddenly heard the voice of his Maker and, we reverently believe, answered "adsum" at the last roll call.

Dr. Cordell was born at Charlestown, Va., now West Virginia, on June 25, 1843; the son of Dr. L. O'Connor and Christine Turner Cordell. His early education was received at the Charlestown Academy and at the Episcopal High School at Alexandria, Va., and for a short time he was a student at the Virginia Military Institute. When he was only eighteen years of age the Civil War broke out and, notwithstanding the objection of his father, he enlisted as a private in Wise's Legion, of the Confederate Army. He served bravely from 1861-65, being in many engagements; was wounded at Winchester on September 19, 1863, and was a prisoner of war from March 2, 1865, to June 19, 1865. During the latter part of his service he was a commissioned officer with the rank of lieutenant, though he was often in command of his company. Dr. Cordell girded on his sword

under a sense of duty to his state and country, but he was essentially a man of peace, and when the war ceased his thoughts soon turned toward a vocation whose object is to save life and relieve suffering; namely, that of medicine. He entered the Medical School of this University in 1866, and, as was usual in those days, graduated two years later in 1868. During 1868-69 he was Assistant Physician at the Baltimore Infirmary, now known as the University Hospital, where he served under the courtly McSherry and the beloved Chew, and the Emperor, Nathan R. Smith, as well as under Miltenberger, Johnston, Donaldson and Howard, all of them men of great distinction and high scholarship. To the influence of these teachers doubtless was largely due those lofty ideals of professional conduct that were so characteristic of him. Dr. Cordell entered upon practice in the city of Baltimore in 1869, but the literary and educational side of his profession appealed to him more strongly than the practical, and while he continued to engage in private practice until he was stricken down, his enduring reputation rests upon his achievements in medical literature; upon his researches in medical archaeology, especially that of Maryland; and upon his altruistic and philanthropic efforts to relieve the distress and augment the happiness of his less fortunate fellow beings. While his education was much interrupted by the four years of the Civil War he found time subsequently to become an exceptionally well-educated man, and he acquired an excellent knowledge of both Latin and German. The latter language he largely learned by attending the services in the German churches, while his knowledge of Latin was kept constantly fresh by his habit of reading daily from the classics. He also kept abreast the advances of medicine by assiduous study, and by taking advantage of the opportunities for clinical instruction that were offered him. He served as Attending Physician at the Baltimore General Dispensary from 1869-72 and thus acquired a large experience during the early years of his professional life. He was a Founder of the Woman's Medical College of Baltimore in 1882 and was Professor of *Materia Medica* and *Therapeutics* from 1882-84, and of the *Practice of Medicine* from 1884-1903, during which time he was also Attending Physician to the Good Samaritan Hospital. He was the author of notable papers upon a number of medical subjects, and his report of the outbreak of tetanus from injuries due to toy pistols, in 1881, is a classic. Time does not allow a further enumeration of his contributions of a strictly scientific character.

From 1870-71 he was Librarian of the Medical and Chirurgical Faculty and again from 1880-87. He had unlimited access to medical books and journals, and developed a close acquaintance with medical literature. During a portion of this time he was also co-editor with Dr. Ashby of the *Maryland Medical Journal*, and the issues of that journal during that time

are filled with articles written in his graceful but trenchant style. In 1882, in conjunction with Professor Ashby, the writer and several others, he was a founder of the Woman's Medical College of Baltimore, and his first experience as a teacher of medical students was obtained in this small but excellent school, which died after an existence of twenty-eight years. Through his efforts the course of instruction was lengthened from two to three sessions, at a time when no other medical school in the city and but few in the whole country required more than two sessions. He was also instrumental in having a preliminary examination adopted to determine the fitness of prospective students to begin the study of medicine, long before it was done here or elsewhere in this country; and to still farther add to the list of his far-sighted and constructive activities for the betterment of medical education, he suggested the meeting together of representatives of the local medical colleges to consider improvements in medical instruction; and from this conference went out the call to the colleges of this country that resulted in the formation of the Association of American Medical Colleges, which has had such a potent influence in the betterment of medical education in the United States. Cordell's work has been forgotten, or was never recognized; and the part played by the College of Physicians and Surgeons, The Baltimore Medical College, The Woman's Medical College of Baltimore, and the University of Maryland in creating a sentiment in favor of radical changes in medical requirements has also long since been lost sight of. In many other ways was Dr. Cordell's altruism exhibited in a bountiful measure. Indeed it was a well spring within him constantly impelling him to new activities in behalf of those who were in need of succor. Thus he was President and chief worker of the Hospital Relief Association for several years; one of the founders of the Home for Incurables, an excellent institution, now in useful operation, for the care of a peculiarly helpless and distressing class of cases; and more recently, the Home for Widows and Orphans of Physicians, now located on Bolton Street in this city. He certainly exemplified the scriptural injunction: "Thou Shalt Love Thy Neighbor As Thyself;" indeed in many respects he loved his neighbor more than himself. His unselfish efforts in so many directions were recognized and appreciated and he was the recipient of many tokens of respect and esteem. He was elected president of many of the local medical societies, and from 1902-04 he was President of the Johns Hopkins Hospital Historical Club, and in 1903-04 he was President of the Medical and Chirurgical Faculty of Maryland, the highest honor within the gift of the medical profession of this State. As has been stated he was a prolific writer, and was the author of numerous papers on historical, medical and literary subjects; but it is as a medical historiographer that he will be best known to those who come after us.

In 1891 he published his *Historical Sketch of the University of Maryland*, and in 1907 brought out in two volumes an amplified history of the University, covering the first century of its existence. In 1903 he published his *Medical Annals of Maryland*, which embraced a complete history of the physicians of Maryland from the time of the founding of the Medical and Chirurgical Faculty of Maryland in 1799 to the celebration of its centennial in 1899. These works are exhaustive in character, and as he says in the preface to the *Medical Annals*: "He has striven to produce a volume which will, for all time to come, be regarded as authoritative in all matters relating to the medical history of the State." I imagine there will be but little added to these histories by future historians, and that they will be authoritative for all time to come. In 1903 Dr. Cordell was appointed librarian of the Medical Library of the University and Honorary Professor of the History of Medicine, later being advanced to the full professorship of the History of Medicine. At the time of his appointment the Library consisted of a few hundred dust covered, ancient volumes; at the time of his demise, 14,000 or more books had been accumulated, indexed and arranged for use and study. This phenomenal development was almost entirely due to his activity, zeal and acquaintance with both books and physician. With but small financial assistance from the Faculty, he gathered this large collection from near and far, and truly erected for himself a monument, let us hope, more durable than brass. The Library was the child of his old age and he regarded it with almost parental affection. He nursed and nourished it, treated its ailments and healed its bruises, set its fractures and sutured its wounds. He had an affectionate interest in each book and held many of them as beloved friends and companions. I must not linger longer in this interesting field but must devote the remainder of the time allotted to me to a consideration of his intense loyalty to his Alma Mater. He was always a most loyal alumnus but as he advanced in years this love became almost an obsession. At first his thought was for the medical school and with far sighted vision he saw the day approaching when the unendowed medical school would not be able to exist. Twenty years ago he sounded the alarm, and it fell upon unheeding ears. Again and again the tocsin rang, and at last the deaf ears heard and the sleeping conscience was awakened, and effort was seriously begun to raise funds for a permanent endowment. With the drawing together of the various departments in 1907 during the centennial celebration, the University idea became firmly established, and Cordell transferred his interests largely from the medical school to the university as a whole; and with his motto of "*toti non pertibus*," he founded the General Alumni Association, and began the accumulation of a fund for general university purposes. In these several efforts, considering the

lack of coöperation and the paucity of his opportunities, he accomplished wonders, and if the institution shall be able to withstand the pressure of these strenuous times it will be due largely to the work and efforts of this man. In furtherance of this object he established a University monthly periodical, aptly named *Old Maryland*, devoted to the interests of the whole University; and he continued to publish this paper until his death. *Old Maryland* not only contained many articles and items of unusual interest, but it will always be of special value as recording Dr. Cordell's own experience as a soldier in the Confederate Army from 1861-65. This publication is considered of such value in binding the different departments together, and as a means of communication with the Alumni that it has been decided to continue to publish it under the direction of the General Alumni Association.

Allusion has already been made to Dr. Cordell's efforts to accumulate funds for the endowment of the different departments; efforts that were worthy of greater fruition, though they did bring good results. For this unrequited labor, this labor of love, the University of Maryland will be eternally his debtor, and in the time to come he will be honored as the one who first called attention to the absolute necessity of an ample endowment, and who first attempted to collect funds for this purpose. It is proposed now to erect a tablet to his memory in one of the halls of the University, but some time in the future a more fitting memorial should be dedicated to him.

Dr. Cordell was a man of positive convictions, and was inclined to be rather intolerant of those who differed with him, but he always stood for righteousness, and for those things that were true and honest, and just and pure. We have sustained an irreparable loss. We may secure another librarian who shall be able to discharge the duties of the office efficiently; we may appoint another lecturer on the History of Medicine who shall be equally as satisfactory, but we cannot replace the loyalty, the enthusiasm, the altruism and the impelling personality that were combined in Professor Eugene Fauntleroy Cordell.

PERSONAL REMINISCENCES OF DR. E. F. CORDELL.

BY T. A. ASHBY, M.D.

I first made the acquaintance of Dr. Cordell soon after I graduated from the University of Maryland in the class of 1873. He had recently married and lived on North Charles Street near Lexington, as well as I remember. After I became the resident physician to the University Hospital, in the spring of 1875, I saw him frequently, as he was at that time, as during the

remainder of his life, greatly interested in work of the University. In the spring of 1877 Dr. H. E. T. Manning, a graduate of the University and a native of North Carolina, brought his wife to the hospital for treatment. She was under treatment for many weeks, and during that time Dr. Manning and I organized and began the publication of the *Maryland Medical Journal*.

Soon after the first number came out Dr. Cordell became interested in the work of the *Journal* and was an entirely contributor to its pages. The building up of the *Journal* was a difficult task at that time, for it was almost impossible to secure material from the profession of this city and state for its columns. Dr. Cordell rendered great service in preparing reports of medical societies and abstracts and extracts from other publications. After two years Dr. Manning retired from the *Journal* and the entire financial and editorial work fell on my shoulders. I was greatly tempted to suspend the publication, but the history of medical journalism in Maryland had been such a dismal failure that I determined I would make the *Journal* a success or go down in disaster with it. I invested quite a sum of money in the work of upbuilding its business and undertook to be both editor and business manager. About that time I associated Dr. Cordell with me as editor, and the *Journal* was published under the name of Ashby and Cordell. I was the sole owner of the publication and responsible for its financial success. I paid Dr. Cordell a salary for his work. He gave me great assistance in the editorial work, and was connected with the *Journal* a number of years.

Dr. Cordell was much my senior in years and in experience, and he brought to the aid of the *Maryland Medical Journal* an invaluable assistance at that time. His work was painstaking and thorough. He was a ready writer and compiler, and had literary gifts of a high order. He attached the greatest importance to little details, and would worry more over a misplaced comma or small typographical error than over a poor article or indifferent society report. He was a most conscientious worker and always had at heart what he thought was for the best interests of the medical profession. His sole idea was to advance the standards of his profession, and to this end he was ever willing to sacrifice all of his personal interests.

In 1882, when the Woman's Medical College was founded, I became again associated with Dr. Cordell in this work, and for many years we were very close. Dr. Cordell was the leading spirit in the upbuilding of this college and gave the very best years of his life to the work of female medical education. He was always looking ahead for advances in the curriculum and for higher standards of entrance requirements and final examinations. He thought nothing of numbers, but wanted high standards of scholarship. The financial side of the work never appealed to him in anything he did.

His whole idea was to do good work and to uplift standards in medical teaching and in medical literature. He gave his entire life to lines of study and work which no member of the medical profession in this state has ever ventured to undertake. He was preëminently a student of medical history in Maryland, and in his researches brought to life facts which would never have been known but for his industry and painstaking labors. His *History of the University of Maryland* is a model of labor and patient study. Its value to the old University can never be too highly appreciated.

For many years Dr. Cordell was the librarian of the Medical and Chirurgical Faculty. He found this old library a collection of old books and pamphlets in great disorder and of little value. He reorganized the library and placed it in a position of great value to the profession. The present library is built on the foundation he made, and its present position is largely due to the great work he did.

He was selected the editor of the *Centennial History of the Medical and Chirurgical Faculty*, and this monumental work will for all time keep his name before the medical profession of this state. He will live in the history of the medical profession of Maryland long after many of its most renowned members have been forgotten.

In recent years Dr. Cordell gave his best efforts to the library of the University of Maryland. He found this old collection in the most dilapidated condition, and by his devotion to the work has established a library of great value. He began a few years ago the publication of *Old Maryland* on his own responsibility, and he has made this publication a work of the greatest importance to the University. In all his efforts he has had but one thought—the gradual uplift of the University. He has advocated single-handed and alone, for the most part, the consolidation of the departments and the unification of the university on a basis of strength and power. His loyalty to the University has at times exceeded the possibilities he was trying to bring about, but in this zeal his work at length reached a position he had long tried to accomplish.

Dr. Cordell's interest in the University has been of the most unselfish character. He has labored without adequate compensation, giving his time, thought and energies without thought of pecuniary reward. No man connected with the University of Maryland has done more for its advancement, and no man connected with its work in the past will live longer in its future life.

He will live long in the memory of those who knew him as one who did his duty as he saw it and who had the courage and incentive to live up to ideals which many thought impractical.

SOME OF THE WRITINGS OF THE LATE DR. EUGENE
FAUNTLEROY CORDELL.

BY HENRY M. HURD, M.D.

A hasty search in my collection of books has enabled me to put my hands upon the following books, monographs, and papers written by Dr. Cordell: "The History of the University of Maryland," "The Medical Annals of Maryland," being the Centennial Volume of the Medical and Chirurgical Faculty, a "Sketch of John Crawford, M.D.," "Charles Frederick Wiesenthal, Medicenae Practicus, the Father of the Medical Profession in Baltimore," "The Doctors Gustavus Brown of Lower Maryland," "Transactions of the Harford Medical Society, 1797-98," "The Importance of the Study of the History of Medicine," "Dr. Heinrich or Henry Keerl of Baltimore, the Hessian Surgeon," "Doctors and Medicine in Horace," "The Medicine and Doctors of Juvenal," "Aretaeus the Cappadocian," also a brief sketch of the Medical and Chirurgical Faculty in the *Maryland Journal* for April 29, 1899.

These titles represent but a tithe of the great literary activity of Dr. Cordell. As librarian of the University of Maryland, Professor of the History of Medicine and editor of *Old Maryland* he was constantly busy and accomplished much under serious disadvantages. I am sure that all will be interested in a brief account of some of the publications before me.

The first book on the list came into my hands shortly after its publication in 1891 and impressed me at a time when I knew little about Dr. Cordell, as the work of a conscientious and painstaking historian. In this book he traces with much detail the history of the fifth medical school in point of time which had been established in the United States, the University of Pennsylvania in 1768 being the first, the Harvard School in 1782, being second, the Dartmouth School in 1798 being the third, and that of the College of Physicians and Surgeons, N. Y., in 1807 being the fourth and preceding the establishment of the University of Maryland by only a few months. He gives interesting details of the attempt on the part of Drs. Cocke, Shaw and Davidge to found a private school, the precursor of the present University, which came to grief being destroyed at the hands of a mob because of the unreasoning public prejudice against dissection. This outrage stirred up the medical profession to apply for the charter of a medical school from the Legislature in order to provide for the opening of the school under the protection of law. He divides its history into five periods, the first period that of organization between 1807-1812; the second that of an attempt to organize a University between

1812-1825 which resulted disastrously; the third between 1825-1839 that of warfare between the Regents and a Board of Trustees which proved most unfortunate and finally resulted in the seating of the Board of Regents and the lopping off of University branches; the fourth that of great prosperity and development between 1839 and the close of the Civil War; and the fifth between 1865 and 1890. In the course of his narrative, he gives interesting biographical sketches of more than fifty medical men who had been prominent in the School and men of mark in the country. They included such names as Davidge, Potter, Bartlett, Nathan R. Smith, Jameson, Gibson, Hammond, Dunglison, Roby and many others of equal eminence. In addition he gave a list of graduates from 1812-1890. In his preface he speaks of the plan which he had cherished for ten years to do this work. It was well accomplished and is most creditable to him and to the University.

In the Centennial Volume of the Medical and Chirurgical Faculty which is in many respects a monumental work, he gives a history of the Faculty covering 294 pages, biographies of the members covering 343 pages, a chronology of the century in its relation to the medical events from day to day in Baltimore and finally biographical sketches of the more distinguished members of the Faculty. The volume is a portly one of 889 pages well illustrated and finely printed, and is a great credit to Dr. Cordell and to the Faculty. It was Dr. Osler's intention that Dr. Cordell should profit by the sales of the volume during his life-time and to that end he paid the deficit in the publisher's bills. It has always been a source of great regret that the small sale of the book in great measure deprived Dr. Cordell of an adequate reward for his long-continued labor upon the volume. It is a monument to his public spirit in behalf of the medical profession and his unselfish devotion to historical work.

His sketches of the lives of Drs. John Crawford, Charles Frederick Wiesenthal, the Gustavus Browns (three generations) and Dr. Heinrich or Henry Keerl are most interesting and throw much light upon the conditions of medical practice in Baltimore and Maryland at an early day. His paper entitled "Transactions of the Harford County Medical Society, 1797-98" is in the same line of investigation and graphically reproduces the views and customs of physicians a century ago. His Presidential Address to the Medical and Chirurgical Faculty in 1904 on the "Importance of the Study of the History of Medicine" was an earnest appeal for the establishment of the study of medical history as a part of the curriculum of every medical college.

His conclusions as to the advantages of medical study are so just and well put, I shall take the liberty of reproducing them:

Medical history teaches what and how to investigate. It is the best antidote we know against egotism, error and despondency. It increases knowledge, gratifies natural and laudable curiosity, broadens the view and strengthens the judgment. It is a rich mine from which may be brought to light many neglected or overlooked discoveries of value. It furnishes the stimulus of high ideals which poor, weak mortals need to have ever before us; it teaches our students to venerate what is good, to cherish our best traditions and strengthens the common bond of the profession. It is the fulfillment of a duty—that of cherishing the memories, the virtues, the achievements of a class which have benefited the world as no other has, and of which we may be proud that we are members.

His articles on Horace, Aretaeus, and Juvenal, especially the former, are the most scholarly of any of his and show him to have been a man with a genuine interest in classical subjects and a recognized talent for their proper study. I am sorry that time will not permit me to make long extracts from them, but I will take the liberty of calling your attention to a few passages.

The word *medicus* occurs nine times in the writings of Horace. Addressing a miser in Satire 1, 1, 80, he says: "If your body should become disordered by being seized with a cold, or any other casualty should confine you to your bed, is there anyone upon whom you can rely to stay with you, prepare the fomentations and beseech the doctor to bring you back to health and restore you to your children and dear relatives?" This passage recalls a letter written by Cicero to his learned freedman, Tiro, in which he urges the invalid to spare no expense—"another fee to the doctor may make him more attentive."

Opimius, another miser, who thinks himself poor, although surrounded by heaps of silver and gold, is seized with a prodigious lethargy. His heir, with unconcealed joy, is scouring the house in search of keys and coffers. Then the quick-witted and faithful physician rouses his patient in the following way: He orders a table to be brought in and the bags of money to be poured out upon it and several persons to begin counting it. At the ring of the coin the sick man jumps to his feet, whereupon the doctor addresses him thus: "Do you not know that your ravenous heir will carry off your treasures unless you watch them?" "Not while I am still alive?" "Why, certainly; rouse yourself, man." "But what must I do?" "Why, you must have food and restoratives; you are already almost bloodless. Come, no foolishness, take this bowl of gruel." "How much did it cost?" "Oh, a trifle." "But tell me exactly." "Two pence." "Alas! what does it matter, whether I die of disease or by robbery and extravagance?" The disinterested character of the doctor is well brought out in this scene.

Cordell then gives the remaining seven examples of the use of the word *medicus* in similar detail but the two given will suffice to show how carefully he had studied the text of Horace.

He later speaks of the name of Celsus, as occurring twice in Horace's writings and presents a long and careful argument to prove that Celsus Albinovanus was the Celsus whose encyclopedic works have come down to us as the most important medical writings after those of Hippocrates.

He states that the following diseases were known to Horace: dropsy, malaria, fever, consumption, pleurisy, headache, dyspepsia, lethargy, insanity, hydrophobia, diabetes, wounds, itch, jaundice, cold, conjunctivitis, strabismus, club foot, wart, fracture of the leg, etc.

He then gives a brief summary of Horace's views of anatomy and physiology and also of the remedies mentioned in his writings, but time will not permit me to dwell upon these portions of his paper. The paper is a model of careful and exhaustive study. He must have lived with Horace's works for many weeks and months to become so minutely acquainted with his modes of expression.

The above titles are not the whole of his literary output but they will serve to give some conception of the scope of his studies and the breadth of his interest in medical history.

His especial characteristics as a medical historian were first of all his patient industry in collecting all the facts. He searched the old files of newspapers, hunted up old books, discovered forgotten diaries, brought to light important facts in old ledgers, rescued old pamphlets from oblivion and delved into acts of the legislature and city ordinances. In this manner he attained a mastery of the subject and knew the names and careers of our local men and their relations not only to each other but also to medical advances. Having once ascertained his facts, he was able to tell his story clearly and with full detail. He indulged in no wild conjectures or lofty flights of imaginative rhetoric, but was perfectly contented to let the facts which he found speak for themselves. He was a Gardiner rather than a Macaulay. He loved books and he loved historical work. He was not an expert in old editions of famous books and made no effort to collect them, but he had a rare faculty for the selection and reproduction of whatever was of interest or value in our local medical history. He had genuine scholarship as shown by his papers on Horace, Juvenal and Aretaeus, and under more favorable circumstances he might have developed a high critical faculty in medical classics. How he would have appreciated the custody and development of a large medical library, if he had been trained as a modern librarian! He loved study and he loved books and longed to be with them. I presume that his education was interrupted by the Civil War and that he was mainly self-taught in the classics. I remember well the enthusiasm with which he once spoke of the possibility of his entering upon classical study at the Johns Hopkins University when he was nearly sixty years of age and his disappointment when he found that he could not accomplish it. I wish that his scattered writings might be collected in one volume. They are now widely scattered and not easily accessible. Could any better memorial be devised for him?

He has gone and nothing is left to us but his example of unselfish devotion to the public good and to the advancement of the profession which he loved so well. Who will arise to take his vacant place?

BULLETIN, MEDICAL AND CHIRURGICAL FACULTY,
1211 Cathedral Street, Baltimore.

Gentlemen:—Please call attention, in the next issue, to the coming meetings in Chicago, on February 23rd to 25th, at the Congress Hotel, of the Conference of the Councils on Medical Education and the Council on Health and Public Instruction, and of the Annual Meeting of the Association of American Medical Colleges and of the Federation of State Medical Boards of the United States, and to the great importance of as many representatives as possible being present from all the Medical Colleges in the State, as well as from the Board of Medical Examiners.

Very truly yours,

HERBERT HARLAN.

BOOK REVIEWS

Gonorrhea in Women. Its Pathology, Symptomatology, Diagnosis, and Treatment: Together with a review of the rare varieties of the disease which occur in men, women and children. By CHARLES C. NORRIS, M.D., Instructor in Gynecology, at the University of Pennsylvania. Octavo of 521 pages, illustrated. Philadelphia and London: W. B. Saunders Company, 1913. Cloth, \$6 net; half morocco, \$7.50 net.

A thorough presentation of such a subject as gonorrhea in women must necessarily include an adequate study of gonorrhea in general as well as a consideration of its special manifestations in women. The latter represent a considerable proportion of the diseases which gynecologists are called upon to treat, so that it can be seen that the author of this work has chosen a subject of enormous scope. A careful perusal of this book leaves one with a gratifying impression of a big job well done. The enormous literature of this subject seems to have been gone into with great thoroughness. Not only was the work of hundreds of authors "ingested" in the presentation of this work, but it seems to have been "digested" and "assimilated" as well, so that the liberal citation of many authors and the description of their work and views has not made the text at all disconnected or jerky.

In spite of the fact that the work presents the views of so many different workers in this broad field, it still seems to bear a strong individual stamp. In the main, it may be said that the author is in thorough accord with the best opinion of the day in his discussion of the various subdivisions of the general subject. These are too numerous to discuss in detail, and only a few will be touched upon.

As an introductory chapter, the author presents an interesting and instructive historical sketch of gonorrhea. The chapter on pathology is good. The plan adopted by the author of considering the pathology of gonorrheal infection of the female generative tract in one large chapter rather than in connection with the clinical dis-

cussion of the separate lesions commends itself as a good one. The illustrations of this chapter are good. In connection with the section on corporeal infection it is to be regretted that all except one of the illustrations—and that by no means the best—depict the normal histology rather than the pathology of the endometrium.

The chapter on "Sociology"—of obvious and growing importance in the case of gonorrhea—is sanely written, as is that on "Prostitution." The chapter on "Treatment of Pelvic Inflammatory Diseases" is conservative and well balanced, the author taking the view, now general among gynecologists, that it is as a rule dangerous to operate in the acute stage of the disease. The "suspension-salpingostomy" (this term is the reviewer's) which the author advocates in many cases, and which is virtually a modified Coffey operation, does not appeal strongly to the reviewer, but it is well described and illustrated. As regards chronic endometritis, Norris believes that "intrauterine applications in office practice have a limited field." He states, however, that he "does not go so far as Boldt, who stigmatizes intrauterine treatment performed in office practice as 'tinkering.'" We fancy that most gynecologists will cheerfully accompany Boldt, no matter how far he goes in emphasizing the above quoted declaration.

In a work which offers so many features worthy of commendation, it seems almost supercilious to pick such comparatively minor flaws as the few we have used for exemplification. It appears to be quite the thing to conclude a review of this sort with an epitomizing summary, and we may do so in this instance by stating our opinion that Norris' book is a comprehensive, well-digested and excellently-arranged presentation of a most important subject. The author has made an intelligent use of the enormous literature of this subject, the numerous foot references in themselves constituting a valuable bibliography. The character of the book entitles it to a warm welcome from gynecologists, genito-urinary specialists and general practitioners alike—and this we believe it will receive.

Syphilis and the nervous system. By DR. MAX NONNE, Chief of the Nervous Department in the General Hospital, Hamburg, Eppendorf, Authorized Translation from the Second Revised and Enlarged German Edition by Charles R. Ball, B.A., M.D., Chief of the Nervous and Mental Department St. Paul Free Dispensary, etc. Cloth \$4.00. Pp. 428 with 98 illustrations, Philadelphia and London, J. B. Lippincott and Company. 1913.

The translation of Dr. Nonne's authoritative work comes at a specially opportune time when so much attention is being given to the subject of syphilis in its relation to the nervous system. The book is distinctly a practical one, "written out of the practice for the practice," based upon the study of the exceptionally large clinic of the Eppendorf Hospital. The pathology of syphilis of the nervous system is discussed and then, various phases of this manifold disease are taken up in detail. Short, concise case histories are quoted to illustrate the various types of the disease. Hereditary syphilis is thoroughly covered and additional chapters on the behavior of the Wasserman reaction, prophylaxis, and Salvarsan therapy, have been added to this edition. The much quoted "Four Phases" and their diagnostic value is treated of in the chapter on the Wasserman reaction.

The translation is excellent and shows careful revision.

The work is specially useful, not only to the neurologist, but to the general practitioner on account of the practical manner in which the subject is treated.

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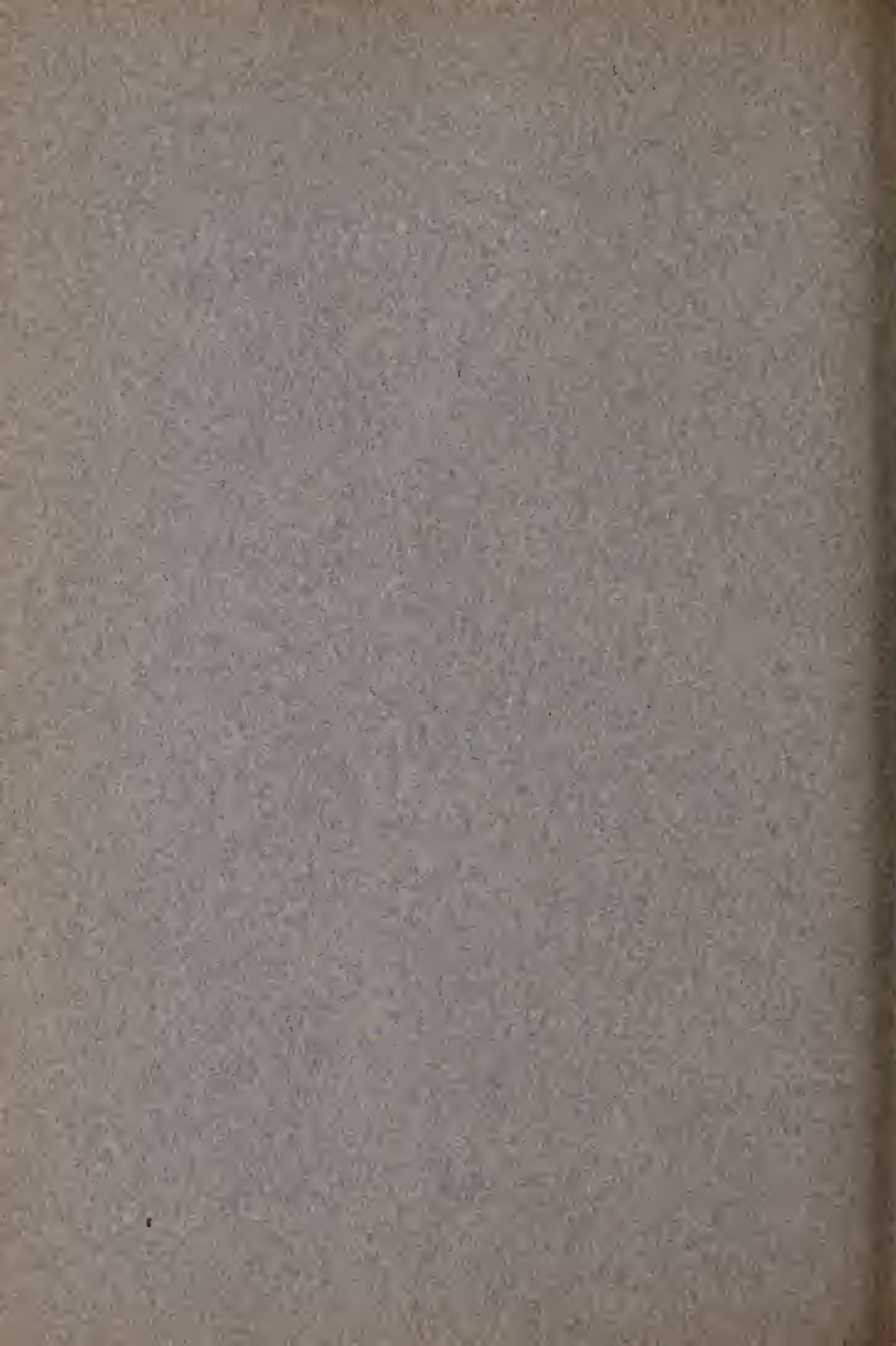
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MEDICAL SOCIETY MEETINGS

Component Societies of the Faculty, with a list of their officers and times of meeting

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SECTION OF GYNECOLOGY AND OBSTETRICS. Second Fridays in October, December, February and April. Chairman, J. M. H. ROWLAND, M.D.; Secretary, EMIL NOVAK, M.D.

SECTION OF LARYNGOLOGY. Fourth Fridays monthly, 8.30 o'clock. Chairman, LEE COHEN; Secretary, G. W. MITCHELL.

SECTION OF MEDICAL EXAMINERS. Third Fridays in November and March. Chairman, J. D. IGLEHART, M.D.; Secretary, W. E. MAGRUDER, M.D.

SECTION OF NEUROLOGY. Second Friday, monthly. Chairman, ADOLF MEYER, M.D.; Secretary, W. B. CORNELL, M.D.

SECTION OF OPHTHALMOLOGY AND OTOLOGY. Third Wednesdays. Chairman, C. A. CLAPP, M.D.; Secretary, L. B. WHITHAM, M.D.

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THE BULLETIN
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OF THE

MEDICAL AND CHIRURGICAL FACULTY OF MARYLAND

PUBLICATION COMMITTEE

A. P. Herring, Editor.

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Vol. VI

BALTIMORE, FEBRUARY, 1914

No. 8

THE TIFFANY TESTIMONIAL MEETING.

No member of our profession in this State has enjoyed the respect, the admiration and the affection of his colleagues to a higher degree than has Dr. Louis McLane Tiffany. The Testimonial Meeting on December 19, 1913, gave evidence that their attachment has not waned during the years since Dr. Tiffany retired from practice. The addresses which are published in this issue of the BULLETIN present, without exaggeration or extravagance, a fair estimate of the man, the surgeon, the teacher and the friend. But there is one feature to which we must draw special attention. Those who like Dr. Tiffany have ever held before themselves and their colleagues the highest ideals of medical practice, have been the men who have raised aloft the high professional character which the practice of medicine enjoys. It is they who have prevented the allurements of commercialism from turning the profession away from the high standards which are broadly humanitarian, from placing financial ends and profit higher than doing good to one's fellowman. And that the profession of this State adheres to its inherited traditions, treasures them and strives to follow them is shown by the admiration and the loyalty with which so large a number of pupils and colleagues responded to the Tiffany Testimonial and by the words of admiration and respect which accompanied their subscriptions. So long as men of the character of Dr. Tiffany are the standard bearers of the profession and so long as the profession chooses them as leaders, we need not fear any lowering of professional dignity and honor.

During the years which, we trust, lie before him, we wish Dr. Tiffany the satisfaction and the happiness which should come with the consciousness that those whom he has taught and those with whom he has labored, have given with clear expression and appreciative praise, their judgment of his work and his worth.

H. F.

REPORT OF A MEETING OF THE BALTIMORE
CITY MEDICAL SOCIETY IN HONOR OF
DR. LOUIS McLANE TIFFANY.

FRIDAY, DECEMBER 19, AT 8.30 P.M.

"Dr. Tiffany—Colleague and Friend".....Dr. Samuel C. Chew
"Dr. Tiffany—Teacher, Author and Man"....Dr. Ridgely B. Warfield
"Dr. Tiffany's place in American Surgery".....Dr. W. S. Halsted
Presentation of Dr. Tiffany's portrait on behalf of his colleagues, pupils
and friends.....Dr. J. M. T. Finney
Acceptance of the portrait for the Medical and Chirurgical Faculty,

Dr. A. C. Harrison

DR. T. R. BROWN, *President*,

DR. EMIL NOVAK, *Secretary*.

DR. TIFFANY—COLLEAGUE AND FRIEND.

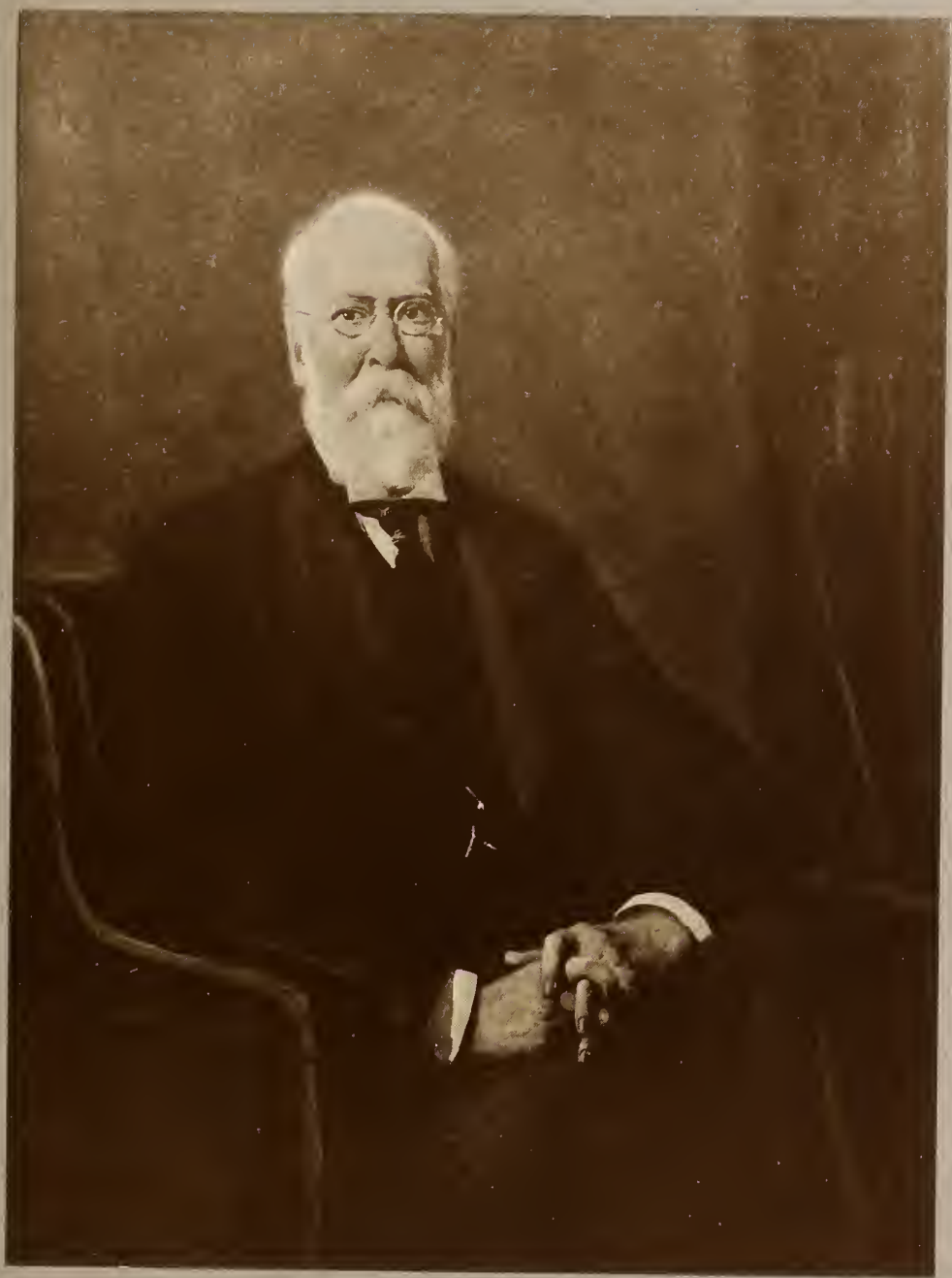
BY SAMUEL C. CHEW, M.D., LL.D.

It has happened to me to be requested on two occasions in one year, the first in last January, the other now in December, as the year is drawing to its close, to act as one of the spokesmen of this Faculty in welcoming to our gallery the portraits of two most highly distinguished members of our profession and of this Faculty.

The first of these portraits to which I refer is that of Dr. John Buckler, who died nearly forty-eight years ago, having devoted his long life almost up to its very end to active professional work, and to constant professional study—work and study in that department of our calling which is termed and regarded as *medical* in the stricter sense. Dr. Buckler was especially a physician, a wise, learned and skilful one. His reputation as such has been handed down to two generations who have succeeded him; but I doubt whether there is a single member of our profession now living in this community, who has had personal knowledge of Dr. Buckler, or the advantage of learning from him in professional consultation, except myself. For this reason probably I was asked to speak of Dr. Buckler on the occasion referred to, being, as it were, a connecting link between the profession of an elder day and that of the present time.

The other portrait which I have been requested to take part in bringing before you tonight—and I hold it a privilege to do so—is that of Prof. Louis McLane Tiffany, who is held in the highest honor by every member of our calling in this community and by many throughout the length and breadth of our country and beyond it.

As Dr. Buckler was known especially as a *physician*, so Dr. Tiffany has





for many years been held, in the highest repute as a *surgeon* from his eminent attainments in surgery on its pathological, its diagnostic, and its operative sides.

As I have suggested a reason for which I may have been requested to present the portrait of Dr. Buckler, so I suppose I may have been invited to be one of those who bring before you this portrait of Dr. Tiffany, for a somewhat kindred reason. It is this—that I am the sole survivor—the last lingerer of that body which constituted the Faculty of the School of Medicine in the University of Maryland in 1868, the year in which Dr. Tiffany was graduated. My colleagues in that Faculty were Nathan R. Smith, Aikin, Miltenberger, McSherry, Johnston, Donaldson and Howard. And not only were they my colleagues but my friends also. Chief among us, our leader and head, was Nathan Ryno Smith, and I may say that my friendship with him was especially warm and close, for he was for many years the friend of my father who inscribed to him a volume of lectures on *Medical Education* which he published, in these words, “To Nathan Ryno Smith in testimony of the long and uninterrupted affection inspired by his virtues and worth.” And so this special friendship came to me by inheritance and brought me in constant attendance upon him in his old age and by his own request for many months up to the end of his life when he had passed his eightieth year.

During the period of undergraduate study it was formerly the custom for students to read medicine in the office of a preceptor, and to witness and give assistance in minor surgery if the preceptor was a surgeon, a custom, which, I believe, has passed away. In accordance with this custom Dr. Tiffany was in his undergraduate period, an office pupil of Professor Smith who for many years held the Chair of Surgery at the University of Maryland, which was destined, ere many further years had elapsed, to be occupied by Dr. Tiffany himself.

As Professor Smith was always in the forefront of the surgery of his day, so Professor Tiffany with an equally firm hand held the post which has been so wonderfully advanced in the last quarter of a century. His election to the Chair of Surgery met the universal approval of the profession here who recognized his fitness for the place from his preliminary training and his academical preparation at Emmanuel College, at Cambridge, England, from his special devotion to anatomical study, and from the fact that in 1869, one year after his graduation at the University of Maryland, he was appointed Demonstrator of Anatomy. This position constitutes, as is well known, the best foundation—indeed the only adequate one—on which to base surgical knowledge, and competence in the teaching of surgery. After holding this position for five years he was advanced to the professorship of operative surgery. There are others present whose training along the same lines which made Professor Tiffany the eminent surgeon that he is

who can give an account which I could not attempt of his surgical achievements. I may refer briefly to my witnessing his removal of a large naso-pharyngeal polypus by temporary depression of the upper maxillaries preceded by tracheotomy, which was then pronounced "the most difficult and heroic operation recorded in the annals of surgery." I can recall, too, an early, if not the first, nephro-lithotomy performed by Professor Tiffany for the removal of the largest calculus then on record. Let it suffice to say, with a paraphrase of Samuel Johnson's famous words, there is no form of operative procedure which he has not attempted and in which he has not succeeded; "*nullum fere secandi genus non tetigit.*"

Turning to this portrait which we welcome here tonight I would ask what is the true value of the art of portraiture. It seems strange that one who ranks among the greatest votaries of another art, that of poetry, should thus express himself in regard to the art of painting, "You must recollect that I know nothing of painting," he says, "and that I detest it. Of all the arts it is the most artificial and unnatural, and that by which the nonsense of mankind is the most imposed upon." These are the words of Byron in a letter to a friend, and, strange as they are, they are all the more strange when we consider how powerfully he seems to have been impressed by the kindred art of sculpture when he wrote

"There too the goddess loves in stone, and fills
The air around with beauty;

and again,

View the lord of the unerring bow,
The god of life, and poesy, and light,—
The sun in human limbs arrayed;

and still again,

I see before me the gladiator lie;
He leans upon his hand,—his manly brow
Consents to death, but conquers agony;
And his drooped head sinks gradually low.

Splendid lines all of them, are they not?

When Cardinal Manning saw Lord Ronald Gower's recumbent statue of the soldier of the Old Guard dying at Waterloo and supposed to utter the words, "The Guard dies and does not surrender"—"*Le Garde meurt et ne se rend pas,*"—he wrote to the artist "you have achieved no slight feat to have translated the 'Dying Gladiator' into modern French."

But, fine as the greatest works of sculpture such as these are, they do not, as it seems to me, appeal to the feelings nor touch the heart as does the painter's art at its best.

In illustration of this I may refer again to a story of this art that I used once before, many years ago, on an occasion like this, for it is equally appropriate now. In a note to his poem on Italy Samuel Rogers thus

writes: "You admire that picture," said an old Dominican monk to me at Padua, as I stood contemplating a "Last Supper" in the Refectory of his convent, the figures as large as life; "I have sat at my meals before it for seven and forty years; and such are the changes that have taken place among us—so many have come and gone in that time—that when I look upon the company there—upon those who are sitting at that table, silent as they are, I am sometimes inclined to think that we, and not they, are the shadows." Such is the immortalizing power of the painter's art, witnessed by the old Dominican in Italy, and by many other human hearts everywhere.

What department of that art is it which most closely touches the heart and appeals to the affections? Surely it is the portrait painter's; for it appeals to the imagination with the forms of those who have lived before us; it shows the fair faces of long ago still smiling down upon us from their canvases; it preserves the thoughtful countenances of scholars and statesmen and lawyers; of surgeons and physicians, such as we have in these halls of science; and best of all, it keeps for us the lineaments of those who were and are dearest and best beloved and most highly honored, and thus "fixes in despite of death and time the marvels it hath wrought."

This it is by which the portrait painter's art gives more than mere pleasure, but endues it with a beneficent and sacred power. This it is by which we are enabled to pay tonight the deserved tribute of this portrait to one who is in all respects a most worthy and fitting representative of our own art, our colleague and friend, Prof. Louis McLane Tiffany.

DR. TIFFANY—TEACHER, AUTHOR AND MAN.

BY RIDGELY B. WARFIELD, M.D.

It would be unreasonable to try to arrange in order of merit, the men whom this old Faculty has seen fit to honor in some conspicuous way; but I believe that among them no one in his time has been more worthy of distinction, has been more completely representative of the best of his period, or has given impress of a remarkable personality on larger numbers of contemporaries and successors than Louis McLane Tiffany.

This is not the occasion for a definitive review of Dr. Tiffany's achievements and it may be doubted if a judicial estimate of his career could be given now, because a necessary perspective is lacking, but it is fitting with the presentation of his portrait to the Faculty that we should record, in the name of his many associates and friends, an appreciation of a co-laborer in the profession who entirely typifies its highest ideals and a recognition of a quality of service and wealth of attainment rarely encountered in members of our calling.

A relation of Dr. Tiffany's activities in practice would be a chapter in the history of surgery for the last quarter of the nineteenth century. A native of Baltimore, inheriting its best traditions, he graduated in the Arts at Cambridge in 1866, when in his twenty-second year.

Returning home, with the advantage of a trained mind he entered the University of Maryland as an office student of the "Emperor," Dr. Nathan R. Smith.

Graduating in medicine in 1868, and following a hospital residence at the Baltimore Alms House, the old Bay View, he formed early teaching connection with his Alma Mater as Demonstrator of Anatomy and as has been the case with many surgical practitioners in the past, his road to operative excellence led through the dissecting room.

From these earlier years, until when at the top of his fame and doing his best work he was forced into retirement because of ill health, with remarkable devotion and constancy and without intermission, he exercised his talents singly toward the development and perfection of his art.

I don't know that he "toiled terribly," as Cecil said of Walter Raleigh, because of his facility his work always seemed easy; but he builded constantly on his foundations, always looking for better things, a true disciple of John Hunter, putting to personal test and experiment the work of other men, "proving all things, holding fast to that which was good."

And as it happened the period of his service was precisely that most fruitful in all the history of surgery. How commonplace today would be a recital of the elaboration in practice made possible by the gradual realization and application of the principles underlying what is now known as surgical asepsis?

The men, numbering thousands, who have come into surgery in the latter years of its transformation, with the whole picture changed and with the establishment of a practically new relation between surgeon and subject can scarcely appreciate the conditions of the past. Forty, even thirty years ago, hospitals were for the most part inadequate, ill equipped and dirty, without trained nurses and poorly organized—indeed, lacking entirely the technical organization of the real sort upon which the conduct of modern surgery depends.

In that day there was reason for the popular dread of the hospital, the surgeon himself as often as possible avoided it and a large proportion of important operations were performed in private homes. It required courage to do surgery then; operators were few, surgeons of mark very few and the men who by reason of good work and good results achieved distinction, were rather sure to have deserved it.

In this earlier day and in all the progress of his time Dr. Tiffany if rather conservative and not a conspicuous originator and herald, was a leader always. He was a teacher throughout his career.

In 1874 he gave up his demonstratorship to become Professor of Operative Surgery in a chair until then held by Dr. Alan P. Smith; but he continued also as Professor of Anatomy at the Maryland Dental College. In 1881 he succeeded Dr. Christopher Johnston as the Professor of Surgery. By this time his practice was limited to surgery and I believe he was the first surgeon in Baltimore to decline all non-surgical work.

When I came to know him in 1882 he was already perhaps the dominant figure among Baltimore surgeons.

From that time for more than a dozen years, at first under the ordinary conditions of student life and later in a more intimate and personal way, in hospital work, as his dispensary chief, his assistant in private practice and otherwise, it was my privilege to enjoy in his service an association that was almost constant.

It is on this account, no doubt, that I have been asked to add my word to this occasion and I confess a peculiar diffidence in attempting to give any sort of summary and review of the attainments and characteristics of a teacher and friend for whom I have so naturally a respectful and affectionate feeling.

In 1882 Dr. Tiffany was under forty, of splendid physique and distinguished appearance, by manner and address fitted to command, a compelling personality. The impression he made upon me in those days was no doubt paralleled in hundreds of cases.

As a lecturer he was never oratorical, never discursive, but simple, direct, graphic, driving principles home with quiet insistence, always making prominent the important fact. His manner was all his own, and in a peculiar way his lecture was effective, easy to follow, difficult to forget. In the words of a student, "One not only remembered what Tiffany said and how he said it, but where he stood in the amphitheatre when he said it." He made much use of the skeleton and of the dissected subject and his demonstrations of skeletal surgery and of dislocations were particularly instructive.

The same simplicity and directness marked his clinical teaching. The patient, the diagnosis and what not to do as well as what to do. I have been often delighted in witnessing his conduct in examination; his consideration for the patient, the sick man as he would say, quite the same in private and public work; his insistence on seeing the thing from varying view points, whatever obstacles seemed to prevent; his regard for the patient's story; his attention to individual and occupation possibilities and his exquisite gentleness of touch, coupled with an obvious strength of hand and purpose, always inspiring confidence. He is one of very few men whom I have known who really seemed to know how to palpate.

As an operator his performance was marked by profound respect for tissue and admirable dissection. He worked deliberately, even slowly; but without indecision, making every step count.

Entirely self-reliant, with admirable method and approach, he knew his own mind as well as anyone I have known and with nice ingenuity in the presence of unusual or unexpected difficulty, always seemed to do the right thing in the right way. The simplicity of his means was remarkable. He was never the friend of special instrument or elaborate paraphernalia; but believed in fingers and eyes and a sharp scalpel. As he has himself written, "any instrument in competent hands will accomplish results which the most perfect instrument in unskilled hands cannot even imitate." "The carpenter is known by his chips, not by the shape of his tools."

He was a clean operator at a time when surgical cleanliness in the real sense was unknown, a believer always in clean hands, clean field, clean surroundings. Appreciating that this was not enough, he watched with interest the crude earlier attempts at antisepsis, the carbolic spray and the rest and while accepting the principle, often questioned the method. In admitting the value of chemical disinfectants, he insisted on the foundation of soap and water. In every relation laudably fastidious, he disliked crudity and he disliked dirt.

He believed in drainage. Coming into surgery at a time when the intelligent use of drainage marked the advance, he developed a method all his own, contributing largely, no doubt, to his good results. And he hated tension. The only backward steps in operating that I have ever seen him take have been in loosening sutures that seemed to him too tight, and looking again or rearranging drainage which had to be adequate and reach the bottom.

To his hospital service he was always attentive; his presence was distinctly stimulating to his staff. He liked order and method and exact report. Considerate toward his juniors he required efficiency in his assistants. In operating he disliked any expression of fretted activity in those about him who were often admonished with "steady, plenty of time" or "take your time." He was scrupulously exacting with himself and his assistants in the post-operative care of patients and many of us have profited by his formula of "do your own first dressing."

As an author Dr. Tiffany has been a considerable but not a voluminous contributor to surgical literature.

In the *Reference Handbook of the Medical Sciences*, *The International Encyclopaedia of Surgery*, *The International Text Book of Surgery* and in Dennis's *System of Surgery*, he has furnished articles on appendicitis, breast tumors, surgery of the blood vessels, cranial surgery and surgical diseases of the jaws and teeth. In Sajou's *Annual* for a number of years he supplied the chapters on surgical diseases.

More important, because more characteristic, are his published addresses before surgical societies and a number of articles appearing in various journals throughout his busy career, for the most part of cases with oper-

ative experiences and results, usually brief, always original and models of clarity and good surgical sense.

In reviewing these contributions which are today instructive and valuable, one gains some insight into the variety and scope of Dr. Tiffany's work and regrets that so much of his best thought remains unrecorded. I am not sure of his earliest publication. The *Index Medicus* had not appeared in the seventies. Perhaps it was the report of a case of multiple fracture before the Medical and Chirurgical Faculty in 1873. At any rate he seems to have rather exactly followed the injunction of Pythagoras and to have kept silence for his first five years.

He has written a number of articles on surgery of the rectum, notably, in the matter of operative possibilities in cancer. He made an early study of lumbar colotomy with observations on the anatomy and position of the large intestine. He devised an instrument for the division of high rectal strictures, his only contribution, so far as I can find, to the tool box of the surgeon.

In 1878 he described the successful removal of a large adeno-sarcoma filling the nose cavities, by a temporary depression of both maxillae, following a preliminary tracheotomy. A similar performance had apparently only once before been attempted by Dr. Cheever who did not employ tracheotomy and whose patient died one hundred hours after the operation. He has described other cases of operations on the maxilla, including its complete removal without scar. He made a special report on the value of the prone position in various operative procedures about the mouth and air passages and has written at length on plastic surgery of the face.

He has written on osteo-sarcoma of the femur and I have seen in his records photographs of four patients out of five, all recovered after hip joint amputation, to which they had been submitted for this disease.

He has reported on litholapaxy. The Bigelow instrument is one of the few for which he has a word of praise. In his later work on vesicle calculus he usually made a small perineal opening, through which with the aid of the crushing instruments he cleaned out the bladder in one sitting, securing drainage through his incision.

He has published interesting observations on the comparative frequency of surgical diseases in the white and colored races.

He has reported on the excision of a tumor involving the sciatic nerve; on intussusception; on the diagnosis of malignant tumors; on dislocation of the femur; on surgery of the knee; on ligation of the common femoral for aneurism; on oesophagotomy; on removal of the spleen; on hernia strangulated and other and on the treatment of irreducible epiplocele.

He did some pioneer work in kidney surgery and probably performed the first nephro-lithotomy in America. He divided the renal capsule throughout its length in painful conditions without stone, curing his patient and anticipating the Edebohl's operation of decapsulation.

He described operations on pus kidney, operations at one sitting on both kidney and bladder and emphasized the importance of adequate drainage in operative interference in inflammatory conditions of the urinary tract.

He has written on mammary tumors with special reference to extensive operation for cancer. He practiced broad excision in these cases and was an early advocate of axillary dissection.

He has made a number of interesting observations on hepatic surgery, including the removal of tumor and on the diagnosis and treatment of liver abscess. He described the removal of stones and drainage in a case of gall bladder disease, operating through a liver area at first rendered extra-peritoneal, by rib resection and suture where access through the abdomen seemed impossible because of matted intestinal adhesions. The value of finger pressure maintained for some minutes in controlling hemorrhage from the cut liver is insisted on.

He performed many tracheotomies in diphtheritic croup and because of a peculiar susceptibility has contracted the disease from these patients a number of times.

In an address before this Faculty as its President in 1893 and in another report before the American Surgical Association a little later, he reported four cases of complete excision of the Gasserian ganglion for trifacial neuralgia by a modification of the Hartley method. Rose had operated by his own method in 1890 and 1891; Hartley in March, 1892. Dr. Tiffany's first case was in September, 1892, followed by the others after short interval. Three of these cases at least were permanently cured, one was lost sight of and his work in this direction is recognized as an important factor in "the transformation of a crude and somewhat hazardous undertaking to the present eminently satisfactory technique."

There is room for further report on Dr. Tiffany's publications. In reviewing them I have been impressed by their variety and their value. I have touched on only a few, and he has besides a rich store of records as yet unedited and unclassified.

He was always well informed and a careful reader of current report and journals.

In medical societies he has always taken active interest both as contributor and listener.

In debate he spoke slowly and distinctly with great clearness, and simply, without finality and without exaggeration.

At varying times he has been President of the Baltimore Medical Association, the old Clinical Society, of the Medical and Chirurgical Faculty, of the Southern Surgical and Gynaecological Association and of the American Surgical Association.

Of his personal qualities I dare not speak; but we bear in mind his magnetic attractiveness and charming manners and especially what Weir Mitchell might call the manner of his manners, marked by a highly characteristic humorous geniality. How delightful his way with children and his love of animals, as Stevenson says of his father, "scraping romantic acquaintance with every dog that passed."

Happily recovered from a prolonged disability, he enjoys his ease; but who shall say with quite the same zest he enjoyed his work, for this he loved exceedingly, his work for his work's sake.

In his whole relation to society his attitude is beyond all criticism. He has reaped the benefits of large and successful practice with never a suspicion of commercialism or greed. He has occupied high place in his community with the respect and regard of all men. With the utmost consideration for the weak, generous and kind, wise and strong and just, with splendid probity he has held his course, "Without fear and without reproach."

DR. TIFFANY'S PLACE IN AMERICAN SURGERY.

By W. S. HALSTED, M.D.

It is with great pleasure and eagerness that I embrace the privilege of this opportunity to express my high appreciation of Professor Tiffany's work as a surgeon and my admiration of the man.

Just a century and two years ago the Medical School of the University of Maryland was founded by William Gibson, one of the most distinguished names in American surgery, and I think it may truly be said that during this period no school in America has been more fortunate in the choice of men to direct the department of which Dr. Tiffany was for so long a time the head and the inspiration. All were surgeons of national reputation, and some of international renown; and the names of more than one of these will live always.

From 1812-1819 the chair was held by Wm. Gibson; from 1819-20 by John B. Davidge; from 1820-1826 by Granville Sharp Patterson; from 1826-1827 again by Davidge; from 1827-1869 by Nathan R. Smith; from 1869-1880 by Christopher Johnston; from 1881-1902 (twenty-two years) by Louis McLane Tiffany. Possibly there are present tonight several who knew personally all of these men, and to whom the story from the beginning, which seems very far away to some, is still vivid.

Most of these surgeons have made important contributions either to their art or science. They have been men of unusual culture, of high ideals, of broad sympathies and were pre-eminent in position and influence.

It must be a stimulus and a source of great satisfaction to the worthy occupant of the chair today to contemplate the notable deeds and the illustrious names of his predecessors.

It is all very modern history and the names of the professors of surgery in the University of Maryland are still household words in the state, even in the families of those of us who came here by invitation and who, being received so cordially and adopted so unequivocally have now, after a quarter of a century, become Marylanders as true, even if not quite so blue, as the proudest of her sons.

Although the story of the lives of these men, recently so well told by Dr. Cordell, must be quite fresh in your minds, I may nevertheless remind you of the particular deed of William Gibson, which insures immortality for his name and for his University. I refer to the ligation by him of the common iliac artery in 1812 when he was only twenty-three years of age; this operation was then performed for the first time, and it was undertaken for the control of hemorrhage.

Dr. John B. Davidge, Gibson's successor, was one of the very first to ligate the gluteal artery for aneurism.

To this, the most dramatic chapter of all surgery—to the treatment of aneurism—no country has contributed nearly so much as America, and with the exception of Valentine Mott's, these pioneer and courageous ventures in the ligation of the large arteries and the excision of large aneurisms have all been made by surgeons in the Southern States. The most important of the newer work in the treatment of aneurism has also been done by surgeons of the South.

Smythe of New Orleans was the first (1864) to tie the innominate successfully. He ligated the carotid, and then later the vertebral, and finally, after ten years, in operating to cure the aneurism which had returned, lost his patient from hemorrhage during the operation.

It was in the South that the first part of the left subclavian was successfully tied for the first time, that a subclavian aneurism was first excised, that the thoracic aorta and the arch of the aorta were first operated upon by opening the thorax.

From New Orleans we have Matas, who has given us the operation of endo-aneurismorrhaphy; and who, by the way, a few years ago performed successfully a superb operation under cocaine for the cure of an arterio-venous fistula between the subclavian artery and the vein.

Many of Dr. Tiffany's operations were performed before the practice of Listerism had become established in this country, and hence required a courage and resourcefulness which the younger surgeons of today can hardly comprehend.

I had been in Baltimore only two days—this was in 1886—when an

invitation was received to a reception at Dr. Tiffany's home. In the succeeding years we were both so busily engaged in work at our respective schools that our paths seldom crossed, but on several occasions I accepted the cordial invitations which he gave me to attend his clinic at the University of Maryland, and although the operations which I happened to see were comparatively trivial ones, I became convinced that he was a master of his art, and that the students on the benches could hardly comprehend their good fortune in having a man of Dr. Tiffany's endowments as their teacher. A courageous, forceful, upright and highly talented surgeon, and withal a dignified and polished gentleman was the comment I made to myself on leaving the amphitheatre.

I have references to about seventy papers by Dr. Tiffany in the two decades from 1878 to 1898. These contributions cover almost the entire field of surgery of the period, and have been admirably considered by Dr. Warfield.

I confess it was a surprise to me to find in Baltimore a surgeon so fully abreast, I might say ahead of his time, and so thoroughly equipped by natural gifts, by training and by study for his vocation.

At the meetings of the medical societies Dr. Tiffany's word was regarded as authoritative, and his opinion was eagerly awaited. I recall vividly his restrained and admirable retort on one occasion when, having reported certain cases of malignant lymphoma, he was informed by a medical brother that he wouldn't give a whit for a surgeon's diagnosis of Hodgkin's disease.

Dr. Warfield has expressed the view that Dr. Tiffany perhaps did not so much aspire to be conspicuously original as to "build constantly on solid foundations, looking for better things and putting to personal test the work of others."

Public spirited men, those who concern themselves deeply with the immediate welfare of their friends and fellows, who respond eagerly to every call for assistance and strive to perfect themselves for the work that the day may bring forth, have not the time for the prolonged concentration required for the framing and solving of new problems.

PRESENTATION OF DR. TIFFANY'S PORTRAIT.

BY JOHN M. T. FINNEY, M.D.

After the heat and burden of the day, when the shadows begin to lengthen, how pleasant it is at times to sit in the cool and calm of the evening and think over the turmoil and strife through which one has passed; to live over again the busy active life; to experience anew the satisfaction that comes from the consciousness of duties faithfully performed, of work well done.

I trust, that Dr. Tiffany, will pardon the interruption of such musings just long enough to allow his friends the pleasure and the satisfaction which come with honoring him. The thought has presented itself to many of his own profession who admire and respect him for those qualities of head and heart which have won for him so high a place in their regard, as well as to many others who can never forget what his skill and courage and gentle ministrations have meant to them or their dear ones while passing through the deep waters, in relief of pain, prolongation of life or moral support. To many such he has proved a tower of strength at a time when help was sorely needed.

As spokesman for all of these, it is my pleasant duty to express to Dr. Tiffany our most grateful appreciation, and to return our sincerest thanks for his kind coöperation in the carrying out of our plans.

Because of their urgent solicitation and at no little inconvenience to himself, Dr. Tiffany has very kindly humored a group of his friends, former students and patients by graciously acceding to their request that he should have a portrait painted for the Medical and Chirurgical Faculty. This portrait has been completed, Mr. President, and is ready for presentation, and on behalf of the Committee charged with the execution of this trust, we now hand it over to the care and keeping of the Faculty. In so doing, may we be permitted to express the hope that it will ever adorn the walls of the home of this Society, and occupy a place befitting the dignity and station of the distinguished surgeon, the honored teacher and the trusted friend whom it portrays.

As a work of art, we believe that the artist has left little to be desired. We feel that judged from this standpoint alone, it is worthy of a prominent place in your Hall of Fame. But its artistic merit, important as that is, is not our chief concern. This portrait was the outcome of the earnest desire that future generations, their interest stimulated and their ambition kindled through reading Dr. Tiffany's writings or after having heard his praises sung, and his virtues recounted, should have the opportunity to learn something of the character and personal appearance as depicted on this canvas, of the man who in his day and generation had achieved so much and had contributed so largely to the sum total of human happiness and knowledge. This has been a labor of love upon the part of the Committee in charge, and now that our work is done, we feel that in the attempt to honor our master and friend we have by so doing the rather honored ourselves. We are none the less sincere, however, in our desire to pay fitting tribute, while he is yet with us in the full enjoyment of all of his faculties, to the character and accomplishments of Louis McLane Tiffany, the surgeon and the man. We trust that the knowledge of the high esteem and the loyal affection in which he is held by all those who have

been fortunate enough to have known him or have in any way come under his influence may, in the years to come, serve to soften the rough places that yet remain, and to sweeten the hours spent along the way.

A poor man served by thee, shall make thee rich,
A sick man helped by thee, shall make thee strong.
Thou shalt be served thyself by every sense of service which thou hast rendered.

May these words of Browning applied to Dr. Tiffany, be but a prophesy of the joys that shall continue to be his in the future as in the past. The true physician, the one whose heart and soul are in his work, as Dr. Tiffany's have ever been, finds his greatest joy in service. May the riches that come from service rendered the needy, and the strength derived from help and comfort given the sick, together with the assurance of the admiration, the love and genuine affection felt for him by his associates, his old students and patients and hosts of friends, now serve him "By every sense of service which he himself has rendered."

ACCEPTANCE OF THE PORTRAIT FOR THE MEDICAL AND CHIRURGICAL FACULTY.

BY A. C. HARRISON, M.D.

In the eloquent tributes of those who have preceded me have been reviewed the splendid works and attributes of this truly great man, to honor whom is the occasion of this gathering.

It is ever gratifying to see honor fall where honor is due, and on this occasion it is peculiarly fitting.

Upon these walls are the portraits of many eminent and distinguished men, and in time many others will be added, but never, I am sure, can there be one which will dim the lustrous presence of Dr. Louis McLane Tiffany.

May he live long to enjoy the fullness of his years and the love and admiration of his friends.

In accepting this portrait in the name of the Medical and Chirurgical Faculty of Maryland, I wish to extend the deepest thanks to this Committee and all those who have contributed in any way to the fruition of our hopes.



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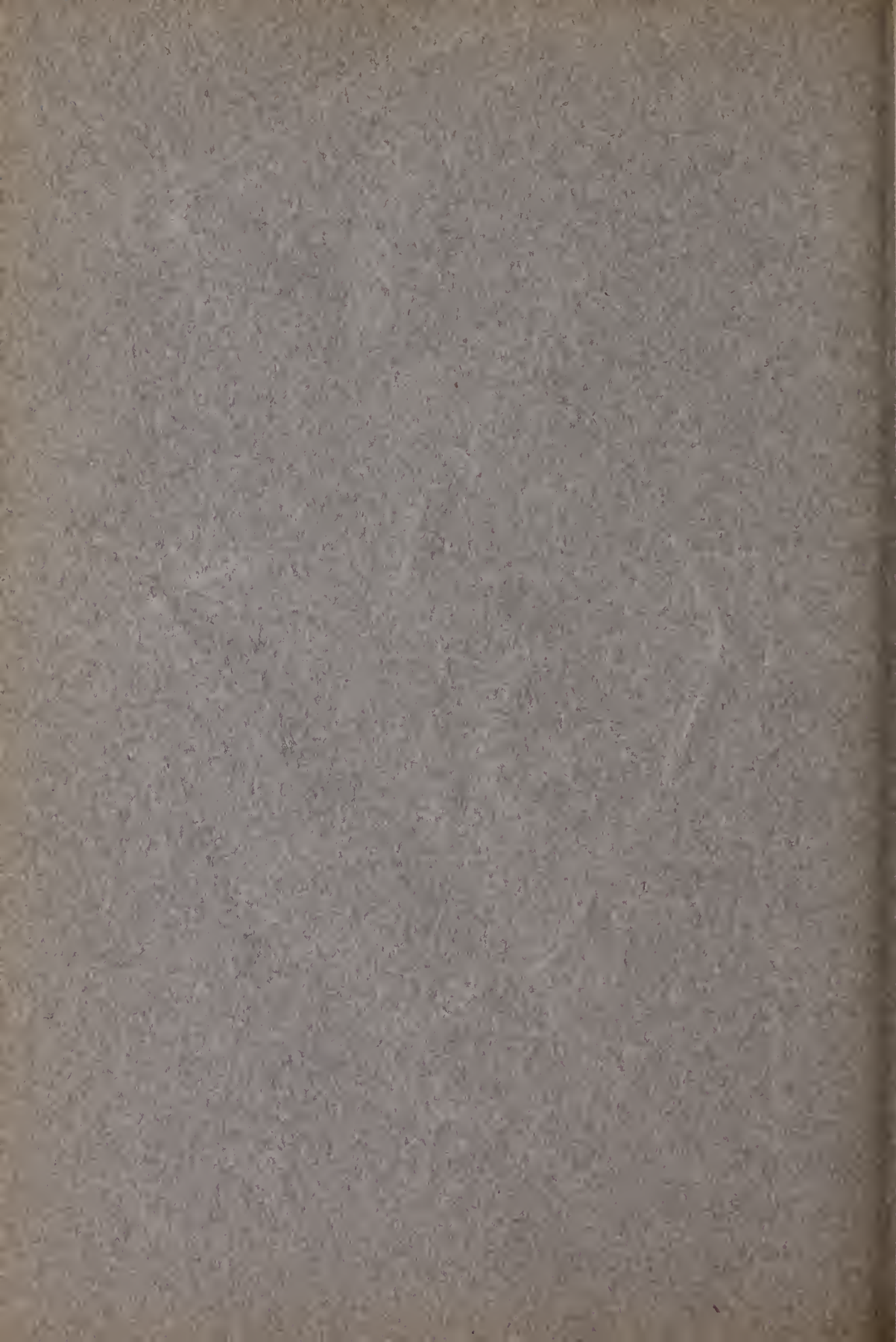
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MEDICAL SOCIETY MEETINGS

Component Societies of the Faculty, with a list of their officers and times of meeting

NOTE.—Secretaries are requested to advise the Secretary of the State Society promptly of the election of new officers in their respective Societies.

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SECTION OF CLINICAL MEDICINE AND SURGERY. First and Third Fridays, 8.30 P. M., October to May. Chairman, J. STABOE DAVIS, M.D.; Secretary, E. B. FREEMAN, M.D.

SECTION OF DERMATOLOGY. Third Wednesdays. Chairman, J. WILLIAMS LORD, M.D.; Secretary, I. R. PELS, M.D.

SECTION OF GYNECOLOGY AND OBSTETRICS. Second Fridays in October, December, February and April. Chairman, J. M. H. ROWLAND, M.D.; Secretary, EMIL NOVAK, M.D.

SECTION OF LARYNOLOGY. Fourth Fridays monthly, 8.30 o'clock. Chairman, LEE COHEN; Secretary, G. W. MITCHELL.

SECTION OF MEDICAL EXAMINERS. Third Fridays in November and March. Chairman, J. D. IGLEHART, M.D.; Secretary, W. E. MAGRUDER, M.D.

SECTION OF NEUROLOGY. Second Friday, monthly. Chairman, ADOLF MEYER, M.D.; Secretary, W. B. CORNELL, M.D.

SECTION OF OPHTHALMOLOGY AND OTOTOLOGY. Third Wednesdays. Chairman, C. A. CLAPP, M.D.; Secretary, L. B. WHITHAM, M.D.

ALLEOANY COUNTY MEDICAL SOCIETY. President, J. T. JOHNSON, Cumberland, Secretary-Treasurer, M. J. SIMMONS, Cumberland, Md.; Delegate, A. LEO FRANKLIN. Second Wednesdays of January, April, July and October; annual Meeting in January.

ANNE ARUNDEL COUNTY MEDICAL SOCIETY. President, T. H. BRAYSHAW, Glenburnie, Md.; Secretary, L. B. HENKEL, JR., Annapolis, Md.; Treasurer, F. H. THOMPSON, Annapolis, Md.; Delegate, C. R. WINTERSON. Second Tuesday of January, April, July and October.

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CALVERT COUNTY MEDICAL SOCIETY. President, COMPTON WILSON, Friendship, Md.; Secretary-Treasurer, J. W. LEITCH, Huntingtown, Md. Delegate, P. BRISCOE. Second Tuesdays in April, August and December; annual meeting second Tuesday in December.

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MEDICAL SOCIETY MEETINGS—Continued

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SOMERSET COUNTY MEDICAL SOCIETY. President, G. T. SIMONSON, Crisfield, Md.; Secretary-Treasurer, H. M. LANKFORD, Princess Anne, Md.; Delegate, C. W. WAINWRIGHT, First Tuesday in April at Crisfield; first Tuesday in October, at Princess Anne.

TALBOT COUNTY MEDICAL SOCIETY. President, SAMUEL TRIPPE, Royal Oak, Md.; Secretary-Treasurer, A. McC. STEVENS, Easton, Md.; Delegate, J. A. STEVENS. Annual meeting third Tuesday in November and semi-annual meeting third Tuesday in May.

WASHINGTON COUNTY MEDICAL SOCIETY. President, D. A. WATKINS, Hagerstown, Md.; Secretary, I. M. WERTZ, Hagerstown, Md.; Treasurer, W. B. MORRISON, Hagerstown, Md.; Delegate, J. W. HUMBRICHHOUSE, Second Thursdays of February, May, September and November.

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OF THE

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NOTE: The Publication Committee desires to receive suggestions from members of the Faculty, that will in any way improve the Bulletin.

Vol. VI

BALTIMORE, MARCH, 1914

No. 9

AN UNUSUAL OPPORTUNITY.

The Annual Meeting of the Faculty this year falls on the last three days of April—the 28th, 29th, and 30th. The House of Delegates meets on Tuesday afternoon, the 28th, at 2 p.m., and at 9 a.m. on Wednesday and Thursday mornings.

The first public meeting will be held Tuesday night.

The Presidential address and the annual oration, given by DR. WILLIAM L. RODMAN of Philadelphia, topics to be announced later, are the only papers for the evening. These will be followed by the smoker which has proved such an enjoyable feature for the past three years; and, as has been customary since its organization, the orchestra will furnish music on that occasion.

On Thursday night the orchestra will give its concert for the benefit of the Building Fund, and advance notice is given so that members may arrange to remain over for this. The proceeds last year were considerable; but much more is expected from this concert as the program offered is excellent and the players are in good form, owing to constant rehearsals. Bear the date in mind—April 30.

The scientific sessions will be held during the day on both Wednesday and Thursday, and on Wednesday night. Those desiring to read papers should communicate with the Chairman of the Committee of Arrangements, Dr. J. M. H. Rowland, 1211 Cathedral St., Baltimore, Md.

BALTIMORE'S FACILITIES FOR HANDLING CONTAGIOUS DISEASES.

By WINFORD SMITH, M.D.

It has long since been recognized in most cities that one of the most important factors in safe-guarding public health is the provision of adequate facilities for the isolation and care of persons suffering from contagious diseases. That a city the size of Baltimore, with its reputation as a medical center, should have failed to make such provision is hardly conceivable. In fact, the present lack of facilities is a disgrace to the city. A few years ago a beginning was made and a beginning only, with the building of Sydenham Hospital. Considering that progress stopped at the beginning, it would have been almost as well, if not better, had nothing been done.

Attention has been called repeatedly to the need of a much larger hospital, with many more beds for the isolation and treatment of contagious diseases. This need has been presented yearly in the report of the Health Commissioner to the Mayor (see reports of 1909-10-11). Dr. W. P. Morrill for some time superintendent of Sydenham Hospital, had worked out a plan of extension, and in a forceful, intelligent and comprehensive manner had presented the facts in the annual reports of several years.

Consider for a moment Sydenham Hospital as affording provision for the treatment of patients suffering from contagious disease, and as a measure for public protection in a city of nearly six hundred thousand inhabitants. It has 37 beds for white patients who may be suffering from scarlet fever or diphtheria, and offers no provision for measles, whooping cough, mumps or chicken pox. Even so, the facilities are inadequate to handle properly the present plant. There is no observation ward. If there is any doubt as to the diagnosis, the patient must stay at home, or be placed in a ward where there are patients frankly suffering from the disease. No contagious hospital can be considered in any way complete without an observation ward, and we have none even for our present apology for a contagious disease hospital. As an example of the way the system works: a child was brought to the Johns Hopkins Hospital a short time ago. The director of the children's clinic felt that the child probably had scarlet fever, but there was a reasonable doubt. The Health Department was notified and the facts presented. The doctor stated that he thought it was not fair to the child to place her in a ward with advanced scarlet fever cases until a positive diagnosis could be made. The advice of the Health Department was "then send the child home." When the doctor called attention to the fact that this was hardly safe-guarding the public

or the members of the family, the reply was: "The public will have to take the risk until we have proper facilities." This was quite right all from the Health Department's standpoint, for it had no machinery for handling the situation in any other way; but the fact remains that the public should not be expected to take the risk. This is only one example of cases that present themselves every day in every part of the city.

Now what provision is made for the colored race? I do not believe the people of Baltimore realize that there is no provision whatever, that the city does not provide a single bed for the treatment of a colored person suffering from any contagious disease other than smallpox. Let smallpox break out and there is at once great excitement for fear it will spread. Yet we pay no attention to scarlet fever, measles, diphtheria or whooping cough, the death rate from which is far in excess of that from smallpox, and which are a far greater menace than smallpox; for by vaccination we may protect against smallpox, while our only protection against the spread of scarlet fever and the other diseases mentioned is by isolation, and Baltimore is absolutely devoid of adequate facilities for isolation.

What is done for the colored people who may be unfortunate enough to contract a contagious disease? Nothing. If they happen to drift into a hospital, where the diagnosis is made, the Health Department sends the ambulance and removes them to their homes, quarantines them and then proceeds to leave them alone. They are quarantined and unless they can afford to pay for a doctor, they must go without any treatment and may live or die without any notice being taken of it by the public authorities. Let me cite a case. About a year ago a colored girl of 18 or 19 appeared at the dispensary of the Johns Hopkins Hospital suffering from what was apparently scarlet fever or measles. She could not be taken in and the Health Department was notified. The ambulance was sent and the doctor at the dispensary was told: "You need feel no further responsibility in the matter. The Health Department will take charge of the case." The girl was removed to her home, where living with her, were two younger children, one of whom was feeble minded and both of whom were mainly supported by the sick girl. They were quarantined. Five days later, in the middle of the night, this girl, desperately ill and semi-delirious, wandered in at the front entrance of the Johns Hopkins Hospital. For five days she had been absolutely without medical attention, no doctor had been near her, and during that time not only she, but her two younger sisters, had been without anything like the proper amount of food.

That is a fairly typical case and illustrates what is being done by the city for the care of the colored people suffering from contagious diseases. It is inhuman and disgraceful, but aside from that, such a condition is a menace to public health. Those who know conditions can cite case after

case of a similar nature, cases of contagion in boarding houses, apartment houses, hotels, schools and homes where others have been exposed, oftentimes with fatal results and more frequently with financial loss and needless risk and inconvenience, all because the city fails to provide the necessary means of protection.

Does the Baltimore public realize that from these infected homes the servants in private families are going to their work daily, the laundresses, the scrubwomen, the delivery boy, the butler, the waitress, the nurse-girl—in fact almost any colored servant. This is not theory. It is an actual fact and it can be proven. What else can be expected. These people must live, they cannot afford to be idle while quarantined, therefore they go to their work, riding in the street cars, sitting next to you and me, and carrying disease wherever they go.

So much for the present conditions. I said in the beginning that Sydenham was nothing more than a beginning. It was never intended to be anything else, and the recent question that received so much newspaper publicity with regard to the operation of Sydenham Hospital was a very small question as compared with the real need of Baltimore. It is not a question of the present Sydenham Hospital. It is a question of 300 beds at least for this purpose; and 300 beds for the treatment of all classes of contagion, both in white and colored, is a very conservative estimate of the requirements and actual needs of Baltimore at the present time. It may be argued that we have had no extensive or serious epidemics. The fact is, we do not know how extensive the spread of these diseases has been or is now. During the first ten months of 1913 there were reported 947 cases of scarlet fever and 902 cases of diphtheria. I have no hesitation in saying that in my opinion there were fully as many more cases that were unreported. This is an immigrant port. Steamships are bringing in infected cases constantly. In one instance recently, and this is not infrequent, one ship landed 50 cases of measles. What became of them? Baltimore has no facilities for handling them.

To those who would say we have not suffered greatly from epidemics, I would reply, no one can say how many children there are in this community suffering from permanently impaired vision, weak hearts, kidney diseases in an advanced stage, etc., all from lack of proper care and treatment. The death rate from contagious disease is not by any means represented by the death rate based on the reported cases. If we knew the facts, the death rate from contagious diseases would be doubled. The experience of other cities, such as Boston, Providence and Cincinnati has demonstrated that as soon as adequate accommodations are provided, the number of reported cases increases tremendously. This is not because there is an actual increase in the number of people suffering from contagious disease. It

simply means, and it has been proven in those cities, that as many people had the disease before, but they come out of their hiding places and let it be known as soon as a proper place is provided in which they can be treated. The following is an extract from a letter from Dr. C. R. Homes, Dean of the Cincinnati Medical School and Hospital Commissioner of that city.

Those who opposed the building of the Contagious Hospital on the ground that it was not necessary, stating that the old hospital hardly had any cases in it, have now become convinced that the fault was not because there were no cases in the city, but because there was no fit place to put the cases, and consequently they were suppressed by the physicians and the parents.

I noticed this in the Boston City Hospital. I noticed each time I visited that the South Department was nearly always full, having from 250 to 300 cases. I asked Dr. McCollom what it meant, and he explained that their experience had been the same before they got the South Department as we were experiencing in Cincinnati. After the building of the splendid Contagious Group they have emerged from their hiding places and as you see there are nearly always between two and three hundred there all the time, and that with the increased sanitary conditions and precautions throughout the city.

Now if this is true of such cities as Cincinnati and Boston, what must be the case in Baltimore, complicated as the situation is by the colored population. When we compare Baltimore with these other cities, our city suffers dreadfully by that comparison. Examine the following table:

CITY	POPULATION	BEDS	DISEASES
Baltimore.....	558,485	37	Scarlet fever and diphtheria
New York City.....	4,776,883	2,000	Contagious diseases
Boston.....	670,485	340	Contagious diseases
Providence.....	224,326	200	Contagious diseases
Rochester.....	235,000	125	Contagious diseases
Buffalo.....	423,715	150	Contagious diseases (In addition 250 beds for incipient cases of tuberculosis, 40 children 66 smallpox)
Cincinnati.....	364,463	115+100	Contagious diseases. (Under construction. Part of a new \$5,000,000 hospital plant)
Cleveland.....	560,663	150	Contagious diseases
Detroit.....	465,766	100+100	Contagious diseases. (Under construction)
Philadelphia.....	1,549,098	450	Contagious diseases

There can be no doubt as to our city's needs. The question is how to meet them, and meet them as quickly as possible. One great factor responsible for the slow development along such lines in practically every city is

the fact that politics interferes altogether too much. But there is one fact we must not lose sight of and that is, blame the political conditions and the politicians as much as we will, the medical profession cannot escape criticism for present conditions. I cannot believe that the Baltimore public would have permitted these conditions, and worse, to exist for so many years had the medical profession of this city as a body shown the proper interest and given proper advice to the public in this regard. Certainly if there is any body of men in the city to whom the public has a right to look—in fact upon whom the public depends for advice in regard to health matters, it is the medical profession. And the profession has not done its duty on this burning civic question. Place the blame where we like—on the politicians, on the medical profession or on any other scapegoat—the fact remains that something must be done unless we wish to remain as a horrible example of a city hopelessly behind in the matter of progress in safeguarding public health.

What is needed:

A comprehensive, detailed plan for a complete hospital of 300 beds for all contagious diseases, in both white and colored.

An enabling act and a bond issue to provide a fund of at least \$750,000 to guarantee the completion of the plan. This hospital should not be built piecemeal out of the annual tax return. No administration could be expected to support it.

And last, a hospital committee of public spirited, independent, able men to carry it through.

LIBRARY ADVANTAGES FOR COUNTY MEMBERS.

BY MARCIA C. NOYES.

Librarian.

The great consulting-room of a wise man is a Library.—*George Dawson.*

Incredible as it seems some of the new members in the counties do not know that they have the privilege of borrowing books from the Library and think its use restricted to city members, when on the contrary, every inducement is given to aid the out of town physician. Not only may they borrow books, but four weeks time is given them in which to use them, in place of the two weeks allowed the city member. Where the borrower is unable to call for it the book must be sent by express, charges to be paid by the borrower. As it costs but little more to send several books at a time, a package might be consigned to the Secretary of the County Med-

ical Society, to the nearest public library or to some member who would act as custodian and be responsible for lending the books to the physicians in his neighborhood, seeing that they are returned at the expiration of the time allowed.

Certain scarce or valuable books and special works of reference may not leave the Library under any circumstances; but if notice is sent in ahead a group of books on a given subject will be set aside for use in the Reading Room any special day the member desiring them may expect to be in town. Our Library contains all the aids for bibliographical work such as the *Index Medicus*, *Medical Review of Reviews* and the current literature listed in the *Journal of the American Medical Association*. These, with the *Index Catalogue of the Surgeon-General's Office*, cover practically the entire field of medicine; and while the Library contains but 176 of the current medical periodicals any others that are needed may be procured from that inexhaustible source—the Surgeon-General's Library in Washington. Books have been procured for our readers from both Philadelphia and New York, and one of our books has been loaned to the Boston Medical Library. Arrangements are being perfected for the interchange of material among the five medical libraries in Baltimore. This will not only extend the usefulness of each of these libraries, but will be of assistance to the busy practitioner who does not have the time to go from one place to the other in search of material.

The sum of knowledge grows daily and changes its aspect swiftly and often. Of the sum of medical knowledge this is preeminently true. Not only are books as essential to the physician as the tools of his trade to a laborer, but their intelligent use is quite as difficult to master. So a library is but an extension of the classroom, and, to quote our dearly beloved, "Gradually and insensibly moulds the profession of a town to a better and higher status." Let us hope that county medical libraries may some day be established throughout the state, at least in those counties where post graduate work is done and where there are hospitals. Pennsylvania has sixteen such county libraries and many of the western states have several each.

In the meantime make greater use of the Library of the Medical and Chirurgical Faculty, and let us help you to keep abreast with the times, medically. That we may do this more intelligently, when applying for help state clearly just what you desire. If a specific work, give the author and title. If a special topic, give the subject and tell from what particular viewpoint you are interested. But—first and last—allow us sufficient time to hunt thoroughly for what you require, or, if need be, to get it for you from another library.

RECENT ACCESSIONS TO THE LIBRARY.

AUTHOR	TITLE	DATE	SOURCE
Abraham, K.	Dreams and myths	1913	Frick Fund.
Auerbach, S.	Headache	1913	Sir William Osler.
Barbour, A. H. F., and Watson, B. P.	Gynecological diagnosis and pathology	1913	Finney Fund.
Binnie, J. F.	Manual of operative surgery. Sixth edition	1913	Finney Fund.
Bleuler, E.	The theory of schizophrenic negativism	1912	Frick Fund.
Borradaile, L. A.	Manual of elementary zoology	1912	Sir William Osler.
Brown, W.	The essentials of mental measurement	1911	Sir William Osler.
Cook, Sir E.	Life of Florence Nightingale. 2 vols.	1913	Frick Fund.
Councilman, W. T.	Disease and its causes	1913	P. Blakiston Sons & Co.
Cunningham, D. J.	Manual of practical anatomy. Vol. 2. Fifth edition	1912	Sir William Osler.
Cunningham, D. J.	Text-book of anatomy. Fourth edition	1913	Finney Fund.
Dejerine, J. J., and Gaukeler, E.	The psychoneuroses and their treatment by psychotherapy	1913	Frick Fund.
Edinburgh Obstet. Soc.	Transactions. Vol. 38	1913	Faculty.
Faught, F. A.	Blood-pressure from the clinical standpoint	1913	Frick Fund.
Flexner, A.	Prostitution in Europe	1914	Frick Fund.
Fowler, R. S.	The operating room and the patient. Third edition	1913	W. B. Saunders Co.
Franz, S. I.	Handbook of mental examination methods	1912	Frick Fund.
Freud, S.	Three contributions to the sexual theory	1910	Frick Fund.
Friedenwald, J., and Ruhrah, J.	Diet in health and disease. Fourth edition	1913	Dr. J. Ruhrah.
Fuller, H. J.	"Old Q" and the apothecary	1913	Mr. H. J. Fuller.
Garrison, F. H.	History of medicine	1913	W. B. Saunders Co.
Hitschmann, E.	Freud's theories of the neuroses	1913	Frick Fund.
Hurry, J. B.	The ideals and organisations of a medical society	1913	Dr. J. B. Hurry.
Indianapolis Literary Club	Dr. James Livingstone Thompson and Dr. Daniel A. Thompson	1913	Dr. & Mrs. J. H. Oli- ver.

Jamieson, E. B.	A companion to manuals of practical anatomy	1913	Sir William Osler.
Kelley, S. W.	Surgical diseases of children. Second edition	1913	Finney Fund.
Kirkpatrick, T. P. C.	Book of the Rotunda hospital	1912	Dr. J. W. Williams.
Knott, C. G.	Physics. Third edition	1913	Sir William Osler.
Kraepelin, E.	General paresis	1913	Frick Fund.
Landolt, E. and M.	Defective ocular movements and their diagnosis	1913	Sir William Osler.
McFarland, J.	Pathogenic bacteria and protozoa. Seventh edition	1912	Frick Fund.
Makins, G. H.	Surgical experiences in South Africa, 1899-1900. Second edition		
Minerva	Jahrbuch, 1912-13	1913	Sir William Osler.
Mott, F. W.	The brain and the voice in speech and song	1913	Dr. J. W. Williams.
Muller, P. T.	Serodiagnostic methods; tr. by R. C. Whitman	1910	Sir William Osler.
New York Psychiatric Soc.	Studies in psychiatry. Vol. 1	1913	J. B. Lippincott Co.
Nitsche, P., and Wilmanns, K.	The history of the prison psychoses	1912	Frick Fund.
Nonne, M.	Syphilis and the nervous system	1912	Frick Fund.
Norris, C. C.	Gonorrhea in women	1913	J. B. Lippincott Co.
Osler, Sir W. and McCrae, T.	Modern medicine. Vol. 1 & 2. Second edition	1913	W. B. Saunders Co.
Paton, D. N.	Nervous and chemical regulators of metabolism	1913	The Authors.
Phelps, E. B.	The supposed death-rates of abstainers and non-abstainers and their lack of scientific value	1913	Frick Fund.
Piersol, G. A.	Normal histology. Tenth edition		
Plaut, F.	The Wassermann sero-diagnosis of syphilis in its application to psychiatry	1913	Mr. E. B. Phelps.
Potts, C. S.	Nervous and mental diseases. Third edition	1913	Frick Fund.
Richet, C.	Anaphylaxis	1913	Lea & Febiger.
Rosenau, M. J.	Preventive medicine and hygiene	1913	Frick Fund.
White, W. A., and Jelliffe, S. E., eds.	Modern treatment of nervous and mental diseases. 2 vol.	1913	Frick Fund.
Wrench, G. T.	Lord Lister	1913	Frick Fund.
Wright, Sir A. E.	The unexpurgated case against woman suffrage	1913	Frick Fund.

SUMMARY OF RESULTS OF EXAMINATION HELD BY THE
BOARD OF MEDICAL EXAMINERS OF MARYLAND,
DECEMBER 9, 10, 11 AND 12, 1913.

NUMBER	COLLEGE OF GRADUATION	ANATOMY	SURGERY	PATHOLOGY	OBSTETRIC ⁴	PRACTICE	CHEMISTRY	MATERIA MEDICA	THERAPEUTICS	PHYSIOLOGY	TOTAL	AVERAGE
1	University of Maryland, '13.....	75				81		75		75		
2	Meharry Medical College, '12.....	43	75		40	68	60	54	55	68		
3	Electric, Cincinnati, Ohio, '12.....	56	77	60		68	75	66		77		
4	Maryland Medical College, '13.....	90	85	79	77	79	95	85	88	86	764	85
5	College of Phys. and Surgs., Baltimore, '11.	50	75	56	75	71	60	77	79	56	599	66
6	Maryland Medical College, '13.....	56	64	71	70	75	50	66	71	80	603	67
7	College of Phys. and Surgs., Baltimore, '13.	80	87	77	79	82	75	75	86	86	727	81
8	Maryland Medical College, '13.....	75	78	84	89	75	62	89	76	85	713	79
9	Maryland Medical College, '12.....	75	75	77	83	75	79	75	69	67	675	75
10	University of Maryland, '13.....	46	81			75	65					
11	Baltimore Medical College, '13.....	90	80	86	93	76	97	91	92	94	799	89
12	Jefferson Medical College, '10.....	82	78	92	89	81	67	86	94	90	759	84
13	Baltimore Medical College, '13.....	59	79	75	90	68	63	66	88	66	654	73
14	University of Maryland, '13.....	71	75	79	77	80	80	75	80	75	692	77
15	University of Maryland, '13.....	78	81	86	79	75	68	82	78	78	705	78
16	Baltimore Medical College, '13.....		80	96		80				88		
17	Maryland Medical, '12.....		75	76	66	67			64			
18	University of Maryland, '11.....				75	75	80	76	75			
19	University of Maryland, '13.....	73	86	93	89	78	97	93	92	77	778	86
20	Maryland Medical College, '13.....	Fa iled to app ear.										
21	Maryland Medical College, '13.....	80	82	78	78	75	83	84	77	87	724	80
22	Temple University, '12.....	57	78	65	77	76	98	85	81	75	692	77
23	Baltimore Medical College, '13.....	Fa iled to app ear.										
24	University of Maryland, '12.....	62	81	78	87	77	55	65	69	89	663	74
25	Johns Hopkins University, '12.....	69	85	89	91	89	79	75	78	90	745	83
26	University of Maryland, '12.....	80	81	90		80	88	84		80		
27	Johns Hopkins University, '10.....	80	83	90	93	79	90	90	88	80	773	86
28	Edinburg University, '11.....	88	86	98	70	75	93	75	91	88	764	85
29	Maryland Medical College, '12.....	67			68	67		00				
30	College of Phys. and Surgs., Baltimore, '13.	80	82	78	94	83	99	93	86	70	765	85
31	Woman's Medical College of Phila., '13...	55	77	84	92	75	57	83	92	78	693	77
32	College of Phys. and Surgs., Baltimore, '13.	82	81	92	86	79	88	78	83	75	744	83
33	Baltimore Medical College, '13.....	45	76	68	70	75	80	59	69	81	623	69
34	University of Greece, '10.....	43	75	60	57	65	47	28	67	54	496	55
35	Maryland Medical College.....	82						77		75		
36	Maryland Medical College.....	80					63	83		58		
37	University of Maryland, '12.....	50	75	85	88	76	55	37	73	80	629	70
38	Maryland Medical College, '12.....	60	67	50		58				75		
39	University of Maryland, '13.....	72	79	77	79	82	75	67	81	70	682	76

NUMBER	COLLEGE OF GRADUATION											AVERAGE
		ANATOMY	SURGERY	PATHOLOGY	OBSTETRICS	PRACTICE	CHEMISTRY	MATERIA MEDICA	THERAPEUTICS	PHYSIOLOGY	TOTAL	
40	University of Pennsylvania, '09.....	62	86	81	92	88	60	70	92	75	706	78
41	George Washington University, '10.....	78	78	75	68	78	81	78	82	69	687	76
42	Jefferson Medical, '11.....	94	95	84	96	84	86	87	100	95	821	91
43	College of Phys. and Surgs., Boston, '11...	52	76	57	...	65	75	...	...	64	...	...
44	Baltimore Medical College, '13.....	77	79	89	94	80	76	81	81	82	739	82
45	University of Maryland, '13.....	94	87	98	96	92	98	90	94	77	826	92
46	Maryland Medical College, '10.....	Failed to appear.										
47	College of Phys. and Surgs., Baltimore, '13.	57	78	85	75	70	55	64	80	66	630	70
48	University of Maryland, '12.....	68	75	63	68	70	62	75	66	75	622	69
49	University of Maryland, '11.....	1	76	78	...	...	75	75	82	76	...	...
50	Tufts Medical College, '13.....	89	88	96	70	83	84	83	91	86	770	86
51	Maryland Medical College, '12.....	61	72	83	68	75	65	62	83	79	648	72
52	Meharry Medical, '13.....	67	59	42	55	...	...	51	60	78	...	...
53	Maryland Medical, '13.....	...	63	54	...	68	38	62	...	82	...	...
54	Maryland Medical, '12.....	56	75	49	...	69	...	50	42	48	...	...
55	George Washington University, '12.....	85	80	90	90	79	88	87	90	94	783	87
56	College of Phys. and Surgs., Baltimore, '13.	80	38	69	...	68	82	75	88	87	...	...
57	Medical College of Virginia, '13.....	75	...	...	...	75	...	...	76	85	...	...

In the above summary an average of 75 is required of those participating in the examination for the first time in order to secure a license. Those who have failed are eligible to re-examination at the expiration of six months. They are then obliged to receive a rating of 75 in each branch in which they are re-examined before license can be issued. Under the Maryland laws, students who, at the end of their second year, have successfully passed their college examination in Anatomy, Chemistry, Materia Medica and Physiology are entitled to examination by the Board of Medical Examiners in these branches. The ratings made by these students in the examination known as the "second-year examination" are carried forward and made part of the final examination, when an average of 75 must be obtained to secure a license. We trust that this statement will make clear the apparently incomplete examination of certain participants.

STATE BOARD OF MEDICAL EXAMINERS OF MARYLAND.

CHEMISTRY.

1. Define and give example (formula) of (a) acid salt, (b) tribasic acid.
2. A patient to whom the doctor gave a large dose of calomel became nauseated and took lime water as a remedy: What chemical changes probably occurred? Illustrate by formulae.
3. Give the chemical names and formulae of the following: sugar of lead, flowers of sulphur, blue vitriol, white lead, red lead, baking soda, quick lime, lime water, limestone, blue stone.

4. Nitrous oxide: Preparation, chemical and physical properties.
5. Sulphur: Source and preparation. Name three (3) inorganic chemical compounds containing sulphur and give formulae.
6. Iron: Source and valence. Give names and formulae of three (3) inorganic compounds containing iron. Give one reaction of iron with a monobasic acid (write formula).
7. Arsenic: Source and valence. Give the most important inorganic compound with formula. What is its most important organic compound from a medicinal standpoint? Is this a natural or a synthetic compound?
8. A sample of well water examined by the State Chemist showed the following: Free chlorine, 13 parts per M.; Nitrates, 0.18; Nitrites, 0.5; Albumenoid ammonia, trace. Comment upon this.
9. Chloroform. To what class of chemical substances does it belong? Give graphic formula. Give its physical and chemical properties.
10. Point out the analogy between marsh gas (paraffin) and the benzene series of hydrocarbons. Name two (2) prominent members of each group.

DR. A. L. WILKINSON,
Examiner.

Tuesday, December 9, 1913.

ANATOMY

1. Give the characteristic anatomical features of the first, second and tenth ribs.
2. Describe the greater omentum.
3. Describe the quadriceps extensor muscle.
4. What nerves are found in the orbit?
5. Describe the rectum.
6. Name (a) temporary teeth, (b) permanent teeth.
7. Describe the bladder.
8. Describe the external ear.
9. Give the location of openings from the accessory sinuses into the nose.
10. Bound the anterior and posterior triangles of the neck.

DR. HERBERT HARLAN,
Examiner.

Tuesday, December 9, 1913.

THERAPEUTICS.

1. Write a prescription in Latin, without abbreviation, containing four ingredients: state condition for which intended.
2. Write a prescription emulsifying Oil of turpentine, give dose and indications for use.
3. Give therapy of carbolic acid, symptoms of poisoning and antidote.
4. Give the therapy of hydrocyanic acid, symptoms of poisoning and antidote.
5. Name two respiratory stimulants and two vaso-motor depressants.
6. Explain the theory of diaphoresis. Name three diaphoretics.
7. Explain the immunizing and curative effects of an antitoxin.
8. Give the therapeutics of aconite.
9. Strophanthin: therapy and best method of administration.
10. Gastric lavage: method of use and general therapy.

DR. J. MCPHERSON SCOTT,
Examiner.

Wednesday, December 10, 1913.

MATERIA MEDICA.

1. What is an acid? Name those in general use, the doses and strength in which they are used.
2. Name five remedies used hypodermically and give doses of each.
3. Ammonium. Give six preparations of ammonium and their dose.
4. Name five preparations each of iron, mercury and potassium and their doses. Give the incompatibles of iron and mercury.
5. Write a prescription containing chloral hydrate and bromide of potash for an adult.
6. Name three vermicides. Give average dose and state against which variety used.
7. Give official name and dose of Dover's powder; paregoric; Donovan's solution; brown mixture; Fowler's solution; Hoffman's anodyne.
8. Aconite. Veratrum viride. To what class of drugs do they belong? The official preparations and doses.
9. Antimony. Give the official preparations and doses. Name two compounds into which antimony enters and their doses.
10. Diphtheria antitoxin. How prepared? Define "Unit." Give immunizing and curative doses for a child three years old.

DR. L. A. GRIFFITH,
Examiner.

Wednesday, December 10, 1913.

PHYSIOLOGY.

1. Where is the respiratory centre located? (b) What is the relation of respiration to the nervous system? (c) Describe a method of producing artificial respiration.
2. Define secretion and excretion. (b) What is the difference between external and internal secretion. (c) Name the glands of each class.
3. What is meant by the "balance of nutritive exchange" and how is it ascertained?
4. State what you know of the constitution of muscle tissue, the reaction and constituents. (b) Define rigor mortis and give the cause.
5. What is meant by absorption and nutrition? (b) What absorption takes place in the mouth, stomach, small and large intestine? (c) What are the sources by which the waste products are eliminated from the system?
6. Lymph: description, composition and function. (b) State the theories as to the secretion.
7. What purpose is served by the valves of the veins and how are they formed. (b) Name some of the veins that have no valves.
8. What is meant by the vasomotor nervous system?
9. What is animal heat and how sustained? (b) The difference between warm and cold blooded animals? (c) The normal temperature of the body and the modifying influences over the temperature.
10. Where in the body is each of the following found and what is the function of each? Pepsin, trypsin, glycogen, ptyalin, synovia and saliva?

DR. L. A. GRIFFITH,
Examiner.

Wednesday, December 10, 1913.

PATHOLOGY.

1. Describe mode of transmission of and prophylactic measures used to guard against malarial fevers. What are the principal pathologic changes noted in chronic estivo-autumnal malaria.
2. Describe the general pathologic changes noted after death from congenital heart disease (Morbus caeruleus).
3. Describe the morbid changes occurring in and the anatomical changes that may result from gonorrhoeal epididymitis.
4. What are adenoids? Discuss the usual pathologic results of well marked neglected cases.
5. Give practical directions for preventing the spread of typhoid fever.
6. Describe the lesions found in herpes zoster.
7. How does acute miliary tuberculosis originate?
8. Describe a hemorrhoid.
9. What is the difference between a sinus and a fistula.
10. Define edema. Mention at least five conditions that will cause edema of both legs.

DR. H. M. FITZHUGH,
Examiner.

Thursday, December 11, 1913.

PRACTICE.

1. Define: (a) Endemic disease, (b) anasarca, (c) Bell's paralysis, (d) herpes zoster, (e) hematocrit.
2. Define: (a) Chlorosis, (b) hemophilia, (c) Hodgkin's disease, (d) aphasia, (e) hydro-nephrosis.

Differential Diagnosis.

3. Differentiate: Variola and varicella.
4. Differentiate: Broncho and lobar pneumonia.
5. Differentiate: Neuritis and rheumatism.
6. Differentiate: Hepatic, intestinal and renal colic.

Treatment.

7. Give treatment of lobar pneumonia.
8. Give treatment of variola.
9. Give treatment of tetanus.
10. Give treatment of acute nephritis.

DR. BRICE W. GOLDSBOROUGH,
Examiner.

Thursday, December 11, 1913.

SURGERY.

1. Give the causes, symptoms and treatment of acute iritis.
2. Give the symptoms and treatment of suppurative mastoiditis.
3. What is the significance of blood in the urine?
4. Give symptoms, diagnosis and treatment of tuberculous disease of the knee.
5. What inflammatory conditions may arise in the right iliac region with symptoms of each.

6. Give etiology and symptoms of cerebral abscess.
7. Give differential diagnosis of dislocation of hip from fracture of surgical neck of femur.
8. State the most common seat of fracture of the clavicle; give symptoms and describe a method of treatment.
9. What are the indications for removal of the mammary glands?
10. Describe a complete inguinal hernia; give symptoms of strangulation and treatment.

DR. H. L. HOMER,
Examiner.

Friday, December 12, 1913.

OBSTETRICS.

1. Describe symptoms and treatment in a case of adherent placenta (third stage of labor).
2. Describe the changes which commonly occur in the head of the child in vertex presentations during a lingering labor, and state their causes.
3. Give varieties of placenta previa.
4. Describe Harris's method of dilatation of the cervix.
5. Give methods of inducing labor at the eighth month.
6. What are the indications for the use of forceps when the head is at the pelvic outlet.
7. What form of malignant disease may attack the uterus?
8. Describe umbilical hernia of the new born.
9. What troubles are liable to occur in the mouth of an infant, and what measures would you use to prevent them.
10. Describe the Porro operation, or celiohysterectomy.

DR. J. A. STEVENS,
Examiner.

Friday, December 12, 1913.

SOCIETY MEETINGS.

BALTIMORE CITY.

The regular meeting of the Baltimore City Medical Society was held on Friday evening, February 20, at 8.30 p.m., the President, Dr. T. R. Brown, occupying the chair. The minutes of the previous meeting were read and approved.

Under the head of new business Dr. G. L. Taneyhill offered the following amendments to the Constitution and By-Laws:

Constitution. Art. V. Officers.

Strike out all about Honor Committee. (It should be listed only under Standing Committees in the By-Laws.)

By-Laws. Chapter III. Duties of Officers.

Transpose Section 2, Chapter IV (Board of Censors) to this Chapter making it Section 7 including the words "one member shall be elected each year."

By-Laws. Chapter IV. Committees.

Strike out Board of Censors in Section I.

By-Laws. Chapter IV.

After the words "Committee on Public Health and Legislation" add the words a Committee of Honor consisting of three members, one of which shall be elected each year.

By-Laws. Make Section 3 Section 2, make Section 4 Section 3. Under Section 4 insert all of the wording relating to Committee of Honor as adopted originally May 17, 1912.

According to the By-Laws of the Society final action on these amendments were deferred until the next business meeting.

The report of the Board of Censors was then made by the Chairman, Dr. C. E. Brack, who reported the names of the following applicants as eligible for election to membership: Dr. William Greenfeld, 525 S. Charles Street; Dr. Isidore I. Hirschman, 2316 Callow Avenue; Dr. Charles W. C. Judd, 3902 Forest Park Avenue; Dr. E. A. Looper, 37 W. Preston Street; Dr. Alexander A. Sienkiewicz, 1731 Gough Street; Dr. George L. Stickney, 1612 Park Avenue; Dr. Karl M. Wilson, 23 W. Chase Street; Dr. Eugene B. Wright, 1017 Cathedral Street.

All of these were duly elected. Dr. Brack further reported that the Board of Censors had accepted the report of the Committee on Honor. Dr. Randolph Winslow, a member of the Board of Censors, presented a minority report. Dr. G. L. Taneyhill, seconded by Dr. N. R. Gorter, moved that the report of the Board of Censors be accepted. Discussion by Drs. C. E. Brack and Wm. H. Pearce. A motion was made by Dr. Taneyhill, and duly seconded, that Dr. Winslow's report be referred to the Board of Censors with instructions to report at the next meeting. Further discussion by Dr. Hiram Woods. At this point the Chair ruled that Dr. Winslow's report, and the entire discussion, was out of order. An appeal from the Chair was taken by Dr. Winslow, seconded by Dr. Pearce. Further discussion by Drs. Wilmer Brinton, Standish McCleary, W. S. Gardner and A. M. Shipley. An appeal from the decision of the Chair was defeated by a vote of 40 to 30. Dr. Taneyhill then withdrew his motion referring Dr. Winslow's paper to the Board of Censors.

The Society then proceeded to the election of two new members of the Committee on Honor. Dr. H. O. Reik and Dr. N. R. Gorter announced their resignation from the committee, and in view of the fact that Dr. J. W. Williams had already sent in his resignation the Chair announced that an entirely new Committee would be elected. The following nominations were made: Drs. H. O. Reik, N. R. Gorter, A. McGlannan, H. M. Thomas, A. M. Shipley, Harry Friedenwald, W. H. Smith, R. P. Bay, A. C. Gillis. Drs. Greenfeld and Michelson were appointed tellers. The result of the election was as follows: Dr. H. O. Reik, 36; Dr. N. R. Gorter, 26; Dr. A. McGlannan, 20; Dr. H. M. Thomas, 18; Dr. A. M. Shipley, 33; Dr. Harry Friedenwald, 27; Dr. W. H. Smith, 17; Dr. R. P. Bay, 14; Dr. A. C. Gillis, 11. Inasmuch as Dr. Harry Friedenwald withdrew his name, Dr. H. O. Reik, Dr. N. R. Gorter and Dr. A. M. Shipley were declared elected.

Dr. Herbert Harlan, seconded by Dr. Reik, moved that a committee of three, with authority to increase its number, be appointed to investigate the Osteopathy Bill which is reported to have been introduced into the Legislature, and to take such action in the matter as it might deem proper. The motion was carried. Dr. Harlan, Dr. Taneyhill and Dr. H. M. Thomas were appointed to serve as the Committee.

A paper was then presented by Dr. W. T. Watson on "Medical Gynecology: (a) Some wonders of the pessary; (b) Dyspareunia and allied troubles." This paper was discussed by Drs. T. S. Cullen, W. S. Gardner and E. Novak.

Owing to the lateness of the hour it was decided to postpone the paper of Dr. J. H. M. Knox, on "Dentition," to a future meeting of the Society.

There being no further business the meeting was adjourned.

BOOK REVIEWS.

Disease and Its Causes. By W. T. COUNCILMAN, A.M., M.D., LL.D., Professor of Pathology, Harvard University. Henry Holt and Company, New York; Williams and Norgate, London. The Home University Library of Modern Knowledge. 16mo, cloth, 50 cents, net by mail 56 cents.

This little book of 20 pages by Councilman will be of particular interest to his friends in Maryland. It is a very clear exposition on the subject of disease and the simple pathological changes taking place in the body. The book is an excellent one to put in the hands of those about to study medicine and for the well educated people who wish to extend their knowledge concerning the various maladies affecting human life. It goes without saying that the book is accurate and scholarly but unfortunately much of it is presented in a manner that would scarcely be intelligible to any except a fairly well educated person. It is a book which the average physician could read with a great deal of pleasure and profit but scarcely one which will ever become very popular with the great mass of people desiring enlightenment upon the subject of health and disease.

History of Medicine, with Medical Chronology, Bibliographic data, and Test Questions. By FIELDING H. GARRISON, A.B., M.D., Principal Assistant Librarian, Surgeon General's Office, Washington, D. C., Editor of the *Index Medicus*. Octavo of 763 pages, many portraits. W. B. Saunders Company, Philadelphia and London, 1913. Cloth, \$6.00, net; half morocco, \$7.50, net.

The object of this book as stated in the preface is to furnish the medical student or the busy practitioner with a definite outline of the history of medicine, and, at the same time, to place in his hands a large number of important facts which may be of use in his professional work or desirable to know as part of his medical culture. Clarity, concision, and perspicuity have been aimed at, rather than learned or lengthy exposition, and to convey information of value rather than to exploit original investigations.

There are twelve chapters outlining the history of medicine from Egyptian medicine to the twentieth century, giving in a readable manner all of the important discussions and investigations in this science.

The appendices contain a medical chronology, the items being listed tandem instead of abreast, the advantage of this arrangement being that a large number of important events can be brought into correlation, in continuous order, under each given date.

A chapter on "Bibliographic Notes for Collateral Reading" with "test questions" is very interesting and will be found invaluable to the student of the history of medicine. The book is up to date in every respect and should prove of value and an inspiration to every practitioner of medicine, as well as to the medical student.

Surgery. Its Principles and Practice by Various Authors edited by WILLIAM WILLIAMS KEEN, M.D., LL.D., Emeritus Professor of the Principles of Surgery and of Clinical Surgery, Jefferson Medical College, Philadelphia. Volume VI with 519 illustrations, 22 of them in colors. Philadelphia and London, W. B. Saunders Company, 1913.

The appearance of this volume brings to date one of the most valuable systems of surgery. Progress in so many departments had outdistanced some of the article of the system which was completed four years ago. Complete revision was unnecessary and would have delayed the publication many months.

The authors have supplemented their chapters so as to bring them fully abreast with the present status of their subjects. A few new chapters or sections have been added, treating of Anoci-association, thoracic surgery, intracheal insufflation, surgery of the hypophysis, treatment of cancer, the use of salvarsan, etc. With the untiring efforts of sixty-one authors, most able men of the profession, the editor has completed a work which embodies one of the most successful collections of monographs ever published.

Numerous articles describing recent advances in general surgery, such as "Surgery of the Breast" by J. M. T. Finney, M.D.; "Surgery of the Esophagus" by George Gottstein, M.D.; "Surgery of the Stomach" by W. A. Mayo-Robson, F.R.C.S.; and "Surgery of the Prostate Gland" by Hugh H. Young, M.D., will prove of great interest to all. In addition to these chapters there are many articles concerning special surgery, such as "Surgery of the Labyrinthine" by E. B. Dench, M.D.; "Surgery of the Eye" by George C. deSchweinitz, M.D.; "Tropical Surgery" by Walter C. McGaw, M.D., U. S. A.; "Naval Surgery" by Wm. H. Bell, M.D., U. S. A.

In addition to the Index of this volume the book also contains an Index of the entire system. The general index greatly simplifies reference to the work. As a whole the volume is well gotten up, and will prove by no means the least valuable book of the system. The editor and publishers are to be congratulated upon the work which puts the medical profession under great obligations to them.

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Vol. VI

APRIL, 1914

No. 10

TWO PRINTINGS IN THREE MONTHS

Garrison's History of Medicine

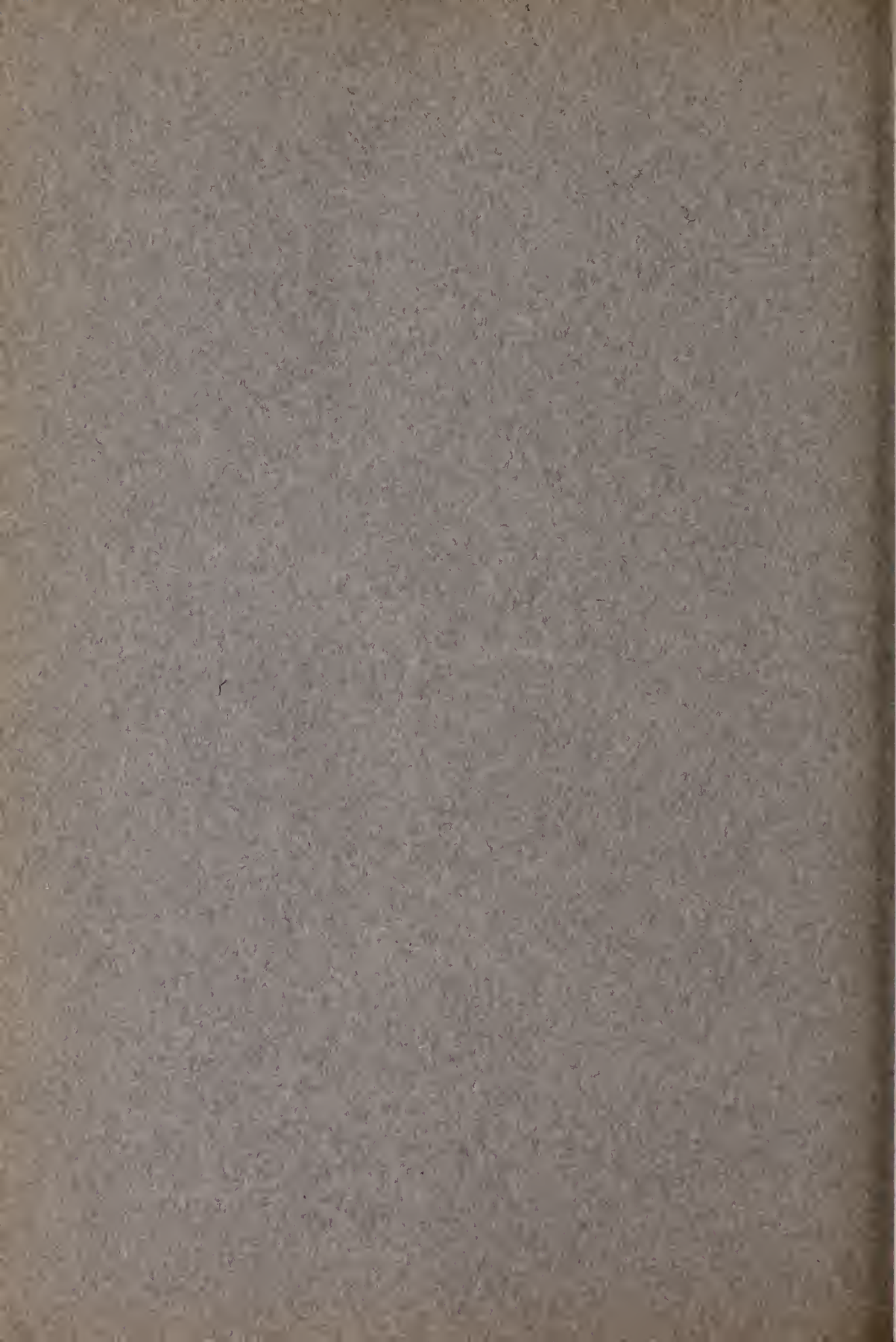
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Component Societies of the Faculty, with a list of their officers and times of meeting

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OF MARYLAND

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Vol. VI

BALTIMORE, APRIL, 1914

No. 10

PHYSICIANS, THE PEOPLE, AND THE PRESS.

In this number are published the three addresses delivered by Dr. Robert W. Johnson, Hon. Charles J. Bonaparte, and Judge T. J. C. Williams at the Friday evening meeting of the recent Health Conference. These addresses deal with the reciprocal relations of physicians, the people and the newspapers. We believe that they will be read with interest by the members of the Medical and Chirurgical Faculty and by many of the laity.

Dr. Johnson makes a strong plea for the maintenance of those more conservative ideas which have long characterized the nobler spirits in the medical profession, regarding the relations of physicians to publicity. Himself, an exemplar of the ideas for which the profession has stood, his address was listened to, and his paper will be read, with sympathy and approval by all who cherish similar views.

In Mr. Bonaparte's address emphasis is laid upon the changes in conditions regarding publicity which have occurred in recent years. He points out that it is not alone physicians, but also lawyers, clergymen, politicians, and public men generally who, whether they wish it or not, are more or less compelled to submit to a certain amount of newspaper publicity. As he puts it, everyone in public life today lives in a glass house, but the glass is not plain and colorless, but curved and tinted, too often giving a distorted or fantastically colored view of the inmate; and he argues that, if the image is, willy-nilly, to be presented to the people, the subject of presentation has, perhaps, a right to try to lessen the distortion and to prevent the falsity of color.

Judge Williams endeared himself to the physicians in the audience by the appreciative tribute he paid the medical profession. Formerly a newspaper man himself, he pleads for closer coöperation between the press and the physicians. It is his opinion that medical men are in duty bound to keep the public informed, in a proper way, through the newspapers, of advances in medical science. And he, like Mr. Mencken who spoke at one of the earlier meetings, feels that much greater use should be made than hitherto of the daily press for the dissemination among the masses of knowledge bearing upon the preservation of health and the cure of disease.

It seems to be a fact that the average newspaper man has difficulty in understanding the attitude of the ethical physician towards the press. It may also be admitted that medical men are not as yet in entire agreement among themselves as to what may be called legitimate use and what is actually abuse in the matter of newspaper publicity regarding medical affairs. Concerning certain points however, there can be no difference of opinion. Any coöperation between medical organizations or medical men on the one hand, and the representatives of the press on the other, which is primarily for the good of the public, rather than for the personal benefit of individual physicians, is praiseworthy. But any publicity, the object of which is the personal advertisement of a physician, is to be condemned.

The situation in which medical men find themselves is fraught with many difficulties. The sensationalism of much of the current journalism, the hasty publication of half-baked theories, the exaggeration of importance and distortion of the reports of scientific discoveries, the catering to the love of the public for intense personalities, are newspaper faults which are repugnant to sober and judicially-minded medical men. Again, the itch of publicity which characterizes the quack is so distasteful to the sensitive and conscientious practitioner that the bare mention of his name in public print, through no fault of his own, may cause him to wince. Judge Williams feels that medical men have grown too sensitive in this particular and that they often fail, on this account, to enlighten the public on subjects concerning which it is their duty to give an opinion.

The topic is worthy of the most careful consideration by members of the profession and by representatives of the press. Some method should be worked out by which facts which will be helpful to the public and which they have a right to know can be widely disseminated through the newspapers, backed up by medical authorities who will command the attention and respect of the people. But in devising such a plan, the best traditions of the medical profession must be safeguarded. No right-minded physician will consent to personal exploitation of the press for his own private financial profit, or, if he be not in practice for the gratification of his ambition

by increasing his renown. Deprecating as we do all illegitimate publicity, we would at the same time advise charity in judging the motives of those who from time to time make use of the newspapers for the hygienic instruction of the people. Now and then a physician may make an error in judgment in what he says, when subjected to the importunities of the newspaper reporter, but, if so, the liberal-minded man will not willingly impugn his motives. There can be no doubt, too, that a certain amount of newspaper publicity comes to some medical men wholly unsought and despite real efforts to avoid it, and not infrequently this publicity is fully as sorrowfully observed by them as by the most critical of their colleagues. In such instances, if a man's conscience be clear, he must seek comfort in that fact, even when he knows that here and there a professional brother may suspect him of blameworthy complicity.

During the past few years the Committee on Public Instruction of the Medical and Chirurgical Faculty has done a real service to the people of Baltimore and to the state of Maryland by the publication of carefully prepared articles bearing the stamp of the Faculty's approval and dealing with health matters of interest to the public. The newspapers have welcomed these articles and have coöperated with the profession in the most generous way in giving publicity to them. It is to be hoped that this method of informing the public, to which no one can make objection, will not only be continued, but also largely extended.

L. F. B.

ADVERTISING BY PHYSICIANS.

Commenting on one of the papers read at the recent Conference on Public Health and Medical Education in Chicago, the *Journal of the American Medical Association* says editorially:

The paper was an argument for a better understanding and a closer coöperation between the medical profession as an organization and the newspaper publishers as a class. The author did not advocate or discuss the question of personal advertising on the part of physicians; the proposition set forth and defended in the paper and presented to the Conference was something entirely different from personal exploitation; it was a plea for closer coöperation between medical organizations and the press for the public good, and not for personal benefit. . . . A professional man has no commodity to sell; his only assets are his scientific knowledge and his personal ability; and he who claims to possess greater knowledge or greater skill than his professional associates—whether physicians, preachers or lawyers—is an egotist, or worse, and forfeits the respect of both his professional brethren and his fellow citizens. —*March 14, 1914, p. 855.*

MEDICAL ETHICS AND PUBLICITY.

BY ROBERT W. JOHNSON, M.D.

The Golden Rule, modified by refinement and common sense, is the basis of ethics, professional, and otherwise. I say, modified, as above, advisedly, for no one in this latitude could desire the generous Esquimaux to stuff blubber down one's throat on the plea that he was doing to the recipient as he would be done by; nor can we accept David Harum's version "Do your neighbor first."

Conventionalities, without having the force of Draco's laws, are based on general experience and express accepted methods, which the test of "the long run" have shown productive of the least resistance and the unconventional man runs the risk of being a great bore or an actual nuisance if he fail to have the stamp of genius.

Now we recognize no penitentiary offense in acting Munyon's picture with its warning finger raised like the tail of the rattle-snake, but we, certainly we medical men, do recognize that publicity, except as noted below, is contrary to the spirit, tradition and dignity of our calling, and unjust to the patient, party of the first part, and to ourselves, party of the second part, in our high contract to cure or benefit him or especially her.

This subject divides itself into three logical heads arranged here inversely in proportion to their importance.

1. Duty of Physician to the Public.
2. Duty of Doctor to Doctor.
3. Duty of Doctor to the Patient.

The daily, or one might say, the hourly paper has become such a regular first course at breakfast and afternoon tea, not to speak of the luxury of its surroundings after dinner, before a cozy fire on the hearth and behind a cozy fire of the cigar that it has made a place for itself and created an appetite that now has become a public demand. "It is the province of physicians to enlighten the public in regard to quarantine regulations; to the location, arrangement and dietaries of hospitals, asylums, schools, prisons and similar institutions; in regard to measures for the prevention of epidemic and contagious diseases; and when pestilence prevails, it is their duty to face the danger, and to continue their labors for the alleviation of the suffering people, even at the risk of their own lives. It is the duty of physicians who are frequent witnesses of the great wrongs committed by charlatans and of the injury to health and even destruction of life caused by the use of their treatment, to enlighten the public on these subjects and to make known the injuries sustained by the unwary from the devices and pretensions of artful impostors" (Principles of Medical Ethics of American Medical Association).

There are subjects then and conditions which by their development the press have made quasi-public property, and provided due regard to propriety is maintained we cannot deny it to the public. Such instances are the official orders and suggestions of public health officers—the physical condition of high public officials or benefactors or very distinguished citizens, as was shown in the frequent reports of the condition of our assassinated Presidents, giving pulse, temperature, respiration, and such remarks as signed by the attendant surgeons would put the truth before the people who had a right to know.

Grading down from Presidents we come to people of real but less note, always securing, if possible, the consent of the patient or family, and knowing where to draw the line and when to stop.

Again interesting advances in the science of medicine or surgery exemplified in the laboratory or hospital may be described without the name of the demonstrator as epoch making—anaesthesia, asepsis, X-ray, serum therapy, radium and salvarsan are advances which belong to the public. But it is a very different thing to extol Morton, Lister, Pasteur, Roux, Roentgen, Curie and Ehrlich the discoverers, from the scare headlines about Brown, Jones and Robinson who apply them. These last have as much right to public notice as they have for prescribing an effective dose of castor oil which they did not likewise discover. It is only fair to say that occasionally one hears of some advance, first through the public press, as in their daily hunt for items their scouts read a greater number of exchanges than is possible for an individual, and find news that has not yet come into the horizon of our particular medical subscription list. I recall having first seen the X-ray and Roentgen mentioned in the *Nation*.

Discoverers should be rather certain of their own priority before rushing into print, professional or lay, as on several occasions I fancied I had a novelty when a little more search showed that I was at least six months late with it. Nine-tenths of so-called advances, tagged with name of the author, are but modifications of some trifle in another instrument or operation and I have known even more arrant plagiarisms than that when the whole outfit has been adopted and renamed. As there was no eleventh commandment given for doctors they are supposed to be guided by the original ten. So that form of publicity is simply lying and stealing. Let us look now for a moment how publicity militates against our colleagues, our second head in this discussion; how the ever recurring public mention of Dr. A, B, and C does an injustice to his fellows, in the profession. Most of us are bound by an *esprit du corps* as well as the traditions of medical fathers to avoid having our wonderful attainments or cures flashed in the public eye by the daily press. Now if one man or six in a city transgress this rule of the profession they soon acquire a practice and reputation far

beyond the confrère who stands by his unwritten promise. No one who has seen the rise of a near-charlatan can help being impressed with the tremendous power a reporter with a chronic catarrh, I do not care of what region, has to make or mar the reputation of the doctor who may think it a good investment to treat him gratis in return for unprofessional advertising. Such an advertiser cannot quote M. Beaucaire and say, "I always play fair, Monsieur," because he is transgressing a law accepted by the profession of which he is a member, perhaps a light, and if a light how great is that darkness as far as ethics go. There are perfectly legitimate, if not so rapid means, by which a medical man can obtain prominence without associating in intimate reciprocity terms with the printer's devil or besmirching his name with the ink of the local news column. Medical societies, professional papers, hospital work, or teaching a class of students who can respect one, spread one's fame for good work as does the contagion of the cured and satisfied cases, building a far firmer foundation for eminence among professional brethren than the "bubble reputation" filled and perhaps later punctured by the weariness of a disgruntled reporter.

One may well feel more satisfaction in the quiet approval of his own conscience, the knowledge that he has played fair and has the respect of his confrères than in the cheers of a mob or the prospect of scare headlines for his epitaph. Some men, by far the most men, in fact nearly all the doctors I know, can feel this satisfaction for as a class they have refused to harken to the voice of the charmer, though no one appreciates better than they that notoriety and wealth lay in the other course. These men have my respect and in many instances, when the wolf was at the door, my homage.

Now why do we insist on privacy and silence? For our own selfish ends alone in order that one doctor who is enterprising with the press should not gain advantage? Now, ladies and gentlemen, this is where you come in and where we can now approach the most important and last head of our subject, the duty of the doctor to the patient as regards publicity.

This is neither the time nor the place to prefer charges of irregularity against professional men but I think I am justified in saying that of late the names of men who should stand for better things have been so constantly before the public in the daily press that the public has lost the idea of novelty and colleagues have become despairing, and the transgressors themselves justify themselves and again flaunt their goings out and comings in before a community that is satiated *ad nauseam*. You are just as much interested in this question as the doctors are. Do you believe it to your advantage that medical publicity be encouraged? Some of you may answer "yes." While you and yours are well. "Yes it tells us who

are the best men to seek advice from." If that were so, what is the matter with Mrs. Winslow or Carter of the Little Livers. Like the notices of the elder Sothern in the "Crushed tragedian," when he says "They ought to be good I wrote em myself" these recurring advertisements ought to be flattering for though perhaps not "written myself" they are not "stopped and prevented myself." You may say "That is not possible." I say you are mistaken. I know a man, a doctor in this city, who has had for nearly twenty-five years 2500 accident cases under his care and supervision yearly—or 62,000 in all—the kind of cases that lend themselves to most sensational newspaper paragraphs, and he says that his name has not appeared twenty-five times in the paper in connection with these or any other cases during that quarter of a century. So it is possible.

Listen for a moment to the ethical principles adopted by the American Medical Association to which all its members subscribed.

Secrecy and delicacy should be strictly observed; and the familiar and confidential intercourse to which physicians are admitted, in their professional visits, should be guarded with the most scrupulous fidelity and honor. The obligation of secrecy extends beyond the period of professional services; none of the privacies of individual or domestic life, no infirmity or disposition or flaw of character observed during medical attendance, should ever be divulged by physicians, except when imperatively required by the laws of the state. The force of the obligation of secrecy is so great that physicians have been protected in its observance by courts of justice. It is incompatible with the honorable standing in the profession to resort to public advertisement or private cards inviting the attention of persons affected with particular diseases; to promise radical cures; to publish cases or operations in the daily prints, or to suffer such publications to be made; to invite laymen (other than relatives who may desire to be on hand) to be present at operations; to boast of cures and remedies; to adduce certificates of skill and success, or to employ any other methods of charlatans.

You see with what care the profession at large has hemmed in the secrets of your hearts and lives. You cannot say here it makes a difference whose ox is gored. Nay rather it may be you or your wife pilloried before the curious and unsympathizing gaze of the crowd in the morning paper. This town has become so callous through long exposure that it wonders why we doctors almost shudder at the startling news items that Senora X is rolling hither in her private car from Mexico, suffering with cancer—a profoundly private trouble—item probably headed a "Race with Death," that is the favorite style, and then daily reports as she passes each quarter until she gets on the home stretch with too often death a winner; or that "Banker A has secured apartments at Dr. Z's private Hospital to have the advantage of Dr. Z's experience of which no one has had more" in certain lines until every one of you can picture the disease from the doctor mentioned, make the prognosis, and given the point of the compass of the journey

can almost estimate the fee. Perhaps an analogy may reawaken your sensibilities. The confessional has its secrets, soul lesions, as medicine its physical ones. Fancy the consternation from Cardinal Gibbons through our friend Mr. Bonaparte, down to Mike in the trenches, if some such notice appeared in the columns of the *Sun* iterum iterumque, "Rev. Father O'Sullivan, the profound thinker and specialist on the 7th Commandment was the recipient of a visit from Countess W. of Yucatan who wished to consult him about some peccadillos of Senator W., her husband, whom she hopes to retain without a divorce. Father O'Sullivan speaks the language, he took a summer course at the foot of Mt. Sinai;" or "Ex Judge P. has been retained by Col. and Mrs. O. to investigate the possible illegitimacy of O. Jr. Judge P. the dear reader will recall, was most brilliant and successful in the obscure and obscene Q. case last year."

No, Ladies and Gentlemen, see to it that no man reports your frailties or misfortunes in public to strengthen and bolster his unenviable reputation. Do not ask us to commercialize our great profession, your birthright of secrecy for a mess, a fearful mess, of public pottage. Our aversion to publicity is not on selfish grounds, not to make us mystics or necromancers, it is to play fair to you and to each other, it is to protect you and yours from crushed feelings, from blushes that do not come off, and to protect the greatest profession, save one, from the tarnished hands of commercial competition with its spring openings, bargain counters, salves, shop worn pills, besmudged reputations and all the gutterside outfit of out and out fakers.

THE RELATION OF THE PUBLIC TO THE PROFESSION¹

BY HON. CHARLES J. BONAPARTE.

Ladies and Gentlemen: "The Relation of the Public to the Profession," meaning, as I understand it, the medical profession, which is the subject assigned me, is undoubtedly a "relation" of great importance to the public but, possibly, even more vital to the profession in question: we could not get along at all well without doctors; but, after all, the doctors would be even more certainly unable to get along without us; if they had been obliged to keep the pot boiling and provide for those wants which press upon professionals and unprofessionals alike by practising on each other, I fear the science of medicine would be less advanced and its practitioners less prosperous than they are today. I understand, however, from the very interesting address to which we have just listened that I am really expected to talk about the relations between professional men and those they serve, as these affect the propriety of publicity.

¹ Extracts from address, which unfortunately was not reported.

To do this intelligently, we must first obtain a clear idea of the essential element in the professional standard of conduct, the fundamental distinction between a "profession" and a "trade." This is found in the strict obligation resting on every professional man, in everything he does or says in a professional capacity, to think *only* of the interests and welfare of the person he serves and *never* of his own; this obligation, be it remembered, is *not* to think *first* of what may do good to his patient or client or penitent, and *afterwards* of what may do good to himself; it is to think of the welfare of the former first, last and all the time, and of his own welfare at no time and under no circumstances, when his professional advice or professional action is to be determined. I remember, a number of years ago, talking with the late Judge Thomas J. Morris of a recent downfall in my own profession, and saying I couldn't help feeling a good deal of regret because I remembered the fair prospects and good promise of the man involved, as I recollected him when we were all three young. Judge Morris said he had not been surprised at the later developments; for, in the days I mentioned, he had once been in consultation with the lawyer in question, and, when he explained what he thought it wise to do in that particular case, the latter exclaimed: "That's all right, Morris, for our clients; but, if we do that, where do *we* come in?" The Judge said he had always believed a young lawyer who could ask such a question must come to grief just as this one had. I think this anecdote illustrates as clearly as could be done by any longer explanation what is the invariable duty of the professional man.

Now it follows that a worthy medical man must and will be guided by this principle of thought and action in everything he does or refrains from doing in his professional life. If he make anything public, his purpose must be to serve those needing or in danger of needing medical care, not, in even the least degree, to advertise his own merits or achievements, to gratify his own vanity or to increase his own practice and professional income. It is absolutely clear what his motive must be and, if anything, even clearer what it mustn't be; and, if his acts show his motive to have been wrong, then he unquestionably deserves the severe censure of his professional brethren. But it is not possible, as it seems to me, at all events, to say in advance just what forms of publicity are and what are not permissible for him under all the varying circumstances which may arise in the world of today.

It must be remembered that now-a-days we all live in glass houses, and not in houses made of pellucid, transparent glass, but in houses where we are seen and shown to the public through a distorting medium, whose images are affected by the prejudices, passions and interests and, most of all, by the ignorance of those who control the agencies of publicity. A newspaper must get the news; it must, or its editor nearly always thinks

it must, put before its readers enough promise of what they want to read to make them pay a cent to read this; and this necessity, whether it is real or imaginary, we need not decide, too often tempts its purveyors of news to be the reverse of scrupulous as to how they get "scoops" and other newspaper tid-bits, or to what extent these are flavored by truth when obtained or made up. A refusal to tell them what is true, may prove therefore a means of propagating mischievous or even scandalous error; and it is not possible to apply to our modern world, made what it has been made by all the newspapers, the canons of good taste and delicacy which were established for a world wherein such a thing as privacy was yet known.

RELATION OF THE PRESS TO THE PHYSICIAN AND THE PEOPLE.

BY JUDGE T. J. C. WILLIAMS.

In the discussion of the relations of the medical profession and the newspapers to me is assigned the consideration of that subject from the viewpoint of the newspaper. I am somewhat at a disadvantage in such a discussion because I am now an ex-editor and the ideals which prevailed when I learned the newspaper trade are now, I fear, considered somewhat out of date. Nevertheless I am satisfied that the matter should be viewed from the standpoint of the conservative newspaper and not the sensational newspaper.

The discussion of this subject involves a consideration of the quack doctor or the quack salver, as he was formerly known, whose relations with the newspapers, or at least the advertising columns of the paper has been intimate. And it is perfectly apparent to all right thinking people why the honorable practitioner is so sensitive about newspaper notoriety, and I must say in the beginning that I think that this sensitiveness is sometimes extreme, and in their devotion to ethics the doctors sometimes approach the punctilio of the Oxford man who refused to pull a drowning fellow-student out of the river because they had never been introduced. The methods of the quack are as abhorrent to the honorable practitioner of medicine as the practices of the shyster are to the honorable lawyer, and for a better reason. It is the business of the quack to cheat and impose upon the public, by advertising remedies that have no value, or if they have value they keep the nature of the remedy a secret. These cruel and dishonest men have been denounced from the earliest times. Sir Thomas Browne in his *Pseudodoxia Epidemica* declares that the impostures of saltimbancoes, quack salvers and charlatans are full of cruelty, deluding not only into pecuniary defraudations but the irreparable deceit of death."

Lien Chi Altangi, who was supposed to have been visiting London more than 150 years ago, wrote the following account of the medical science in that city which he gathered from the advertising columns of the newspapers, to Fum Hoam, first President of the Ceremonial Academy at Pekin,

Whatever may be the merits of the English in other sciences, they seem peculiarly excellent in the art of healing. There is scarcely a disorder incident to humanity against which they are not possessed with a most infallible antidote. The professors of other arts confess the inevitable intricacy of things; talk with doubt and decide with hesitation; but doubting is entirely unknown in medicine; the advertising professors here delight in cases of difficulty; be the disorder never so desperate or radical you will find numbers in every street who by leveling a pill at the part affected, promise a certain cure without loss of time, knowledge of a bed-fellow, or hindrance to business.

When I consider the assiduity of this profession their benevolence amazes me. They not only in general give their medicines for half value, but use the most persuasive remonstrances to induce the sick to come and be cured. Surely there must be something strangely obstinate in an English patient who refuses so much health upon such easy terms. Does he take a pride in being bloated with dropsy? Does he find pleasure in the alternations of an intermittent fever? or receive as much satisfaction in nursing up his gout, as he found pleasure in acquiring it? He must, otherwise he would never reject such repeated assurances of instant relief. What can be more convincing than the manner in which the sick are invited to be well? The doctor first begs the most earnest attention of the public to what he is going to propose; he solemnly affirms the pill was never found to want success; he produces a list of those who have been rescued from the grave by taking it. Yet notwithstanding all this there are many here who think proper now and then to be sick. Only sick did I say? There are some who even think proper to die. Yes, by the head of Confucius: they die though they might have purchased the health restoring specific for half a crown at every corner. . . . When a physician by inspiration is sent for, he never perplexes the patient by previous examination; he asks very few questions, and those only for form sake. He knows every disorder by intuition; he administers the pill or drop for every distemper; nor is more inquisitive than the farrier when he drenches a horse. If the patient lives, then he has one more to add to the surviving list; if he dies then it may be justly said of the patient's disorder, that as he was not cured, the disorder was incurable.

The poet Crabbe who was educated as a surgeon and apothecary did not waste sarcasm upon the quack but abused him roundly in many a bitter line. The reason of the quack's success is pointed out in this verse:

From powerful causes spring the empiric's gains,
Man's love of life, his weakness and his pains,
These first induce him the vile trash to try,
Then lend his name that other men may buy.

The quacksalver plies his trade through the medium of the newspapers. It has always been a question in my mind as to how far a well-conducted paper should lend its columns for this use. While it is of course impossible

for any newspaper to underwrite or guarantee every article that is advertised in its columns, I think some care should be taken that nothing flagrantly injurious to the public welfare should be advertised in it. The law steps in and specifically forbids the advertising of medical preparations and the proprietors of the newspapers should be as solicitous as the law. It is written that upon one occasion a corporation which had been newly formed offered an advertisement of its shares to the *London Times*. It was rejected although the company offered £1000 for a single publication of one column. The proprietors of the paper took the position that the shares were of doubtful value and it did not propose to have its columns used to induce its readers and patrons to make a bad investment. It would be fine if a newspaper could afford and was able to protect the health of its readers as the *Times* undertook to protect the pockets of its readers. But if false doctors use the newspapers for the public detriment, how far may true doctors make use of the same great agency for the public good? How far may the newspapers coöperate with the true doctors in doing so and urge them on? And the medical profession must bear in mind the prodigious efficiency and enormous power of the public press. In his history of England in the eighteenth century, Mr. Lecky writes:

The growth of the press as a great power in English politics, is perhaps the most momentous of all the events of the period we are considering (the eighteenth century). It is not too much to say that it has modified political life as profoundly as steam in the nineteenth century has altered the economic conditions of England. Side by side with the recognized constitution another representative system has grown up in which the various wants, aspirations and opinions of the nation are reflected with at least equal accuracy. . . . Of all the instruments which human wisdom has devised, a free press is the most efficacious in putting an end to jobs, abuses, political malversations and corruption. . . .

The newspaper press not only reflects the many phases and modifications of public opinion, it also gives it an irresistible volume and momentum. Organizing, directing, intensifying and sometimes creating it, bringing the ablest leaders speedily to the surface, adding immensely to the facilities of coöperation, diffusing the popular arguments with unparalleled rapidity and over an enormous area, repeating them day by day till they have become familiar to all classes.

Indeed it has been said that our four most important inheritances from our Anglo-Saxon forefathers are free speech and free press, trial by jury and dyspepsia.

Can not and ought not the medical profession use this great power in the interest of humanity more freely than they have been in the habit of doing?

A newspaper wishes to publish all important and interesting news, and no news which may affect health. Satan the father of lies told the truth when he said, "All that a man hath will he give for his life." If a physician

can give to the press any new discovery in the science of healing the newspapers will receive and print it with eagerness. With what intense interest the public would receive the announcement that a specific for consumption had been discovered. If such a cure should be discovered would it not be the duty of the discoverer to announce it? Is it not the duty of every physician to make public announcement of any fact regarding health which it may be to the advantage of the public to know? And I think it would be generally possible to make announcements of the kind I am talking about without violating the confidence of the patient and without overstepping the proper bounds of professional reserve. If a surgeon has effected a cure by a new and unusual operation, would it not be well to let it be known so that others suffering with the same malady seeing may take heart again.

Take a concrete case. Last September a girl was brought into the Children's Court by one of the Charitable Societies with the request that I should commit her to them and so give them authority to place her in a blind asylum, as they considered her hopelessly blind. Instead of doing this I gave the child into the care of one of the probation officers of the Court. She took her to an eminent specialist of this town. That good man gave the child the same attention and lavished upon her, pauper as she was, all the skill that the most important and wealthy patient could have received. Last Saturday I received his report. The child's eyesight has been perfectly restored after five months of treatment. She has been rescued from a life of darkness. Would it not be well to publish such cases as this in order that others afflicted in the same way might take heart and apply for treatment?

In cases of the serious illness of some great man, some public servant, the people have some sort of right to news of his condition. This right is recognized by the medical profession by publishing bulletins. But these bulletins are not always frank and illuminating. I remember when President Garfield was lying wounded at Long Branch that the daily bulletin assured the people that the pulse and various other things, including the pus from the wound, were normal, and that the patient's condition was unchanged. It was said at the time that in order to be entirely in harmony with the series the last bulletin should have been worded as follows: "The President died today—otherwise his condition is unchanged." That the public press can be utilized by the profession in their war against disease is illustrated in the present campaign against cancer. Appeals have been made to the newspapers and magazines to publish information putting people on guard against the attacks of this dreadful minister of Death, advising them how to recognize its first attack and what to do in case the attack comes. Newspaper men have received appeals to write articles

containing the information which the people ought to have so that they will be entirely free from scientific methods of statement and I have been told that everywhere newspaper publishers have responded cordially to the appeals of the doctors. The newspapers have also coöperated with the profession in the battle with consumption, warning the ignorant of its infectious nature and advising of precautions that ought to be taken. In the eighteenth century the most terrible of the ministers of Death was smallpox. Over that disease science has achieved a succession of glorious and beneficent victories. In this triumphant victory over that terrible disease which used to be always present, "filling," in the words of Macaulay "the church yards with corpses, tormenting with constant fears all whom it had not yet stricken, leaving on those whose lives it spared traces of its power, turning the babe into a changeling at which the mother shuddered and making the eyes and cheeks of the betrothed maiden objects of horror to the lover"—in the victory over this terrible minister of Death, I say the press has taken an honorable part. For, incredible as it may seem, ignorance and prejudice would have speedily undone, to some extent at least, the beneficence of that victory did not the press uphold compulsory vaccination and enforce upon the people the necessity of guarding against the disease.

The people are entitled to have the good news of each triumph over the various ministers of Death, and I do not think that over-sensitiveness upon the part of physicians should deprive them of it. I think that the established character of the reputable physician is a sufficient safeguard in his community against any suspicion of quackery or advertising for personal gain. And I would like to admonish physicians that when a reputable newspaper sends to them for information the representative of that paper, whether the news he seeks should be given or not, is entitled to consideration and courtesy.

I have said much about the quack doctor—now a word about the good doctor—the family physician. I sometimes wonder whether he really appreciates the valuation that his patients put upon him—and especially his female patients. I remember hearing two elderly ladies in Hagerstown discussing their respective doctors—extolling them to the limit of language. One of them after exhausting her adjectives upon her doctor finally said he had only one fault—he would never tell you what was the matter with you. The other replied—"My dear old doctor hasn't even that fault, he would tell you in a minute if he only knew." This was said seriously for women never joke about their doctors, nor permit others to do so in their presence. Men do joke about them and say all manner of light things about them. But when they are attacked by pain they send for the doctor. I wonder if the doctor knows how his coming into the sick room often brings hope

and cheer, even to that unhappy patient who has reached that unhappy condition when he shall have a trembling heart and failing of eyes and sorrow of mind, when his life shall hang in doubt before him and he shall fear day and night and in the morning shall say "Would God it were even!" and at even shall say, "Would God it were morning." The good physician brings hope and cheer to such as this. No one gets closer to his people—no one has such opportunities for good. I have seen the good physician kneel at the bedside of his patient and commend the soul, that was about to take its flight, into the hands of God as into the hands of a faithful Creator and most merciful Saviour, beseeching Him that it might be precious in His sight and might be presented pure and without spot before the Living God.

What a pen picture we have of the burial of William MacLure, a doctor of the old school.

"The Glen was covered deep with snow and the only dark spot in the kirk-yard was the open grave into which the body of the good physician was to be lowered. The grave was surrounded by men with the coffin in their midst and each one of them had loved the doctor with a great love. Lord Kilspindie had pronounced a eulogy. He said, 'I have seen many brave men in my day, but no man in the trenches of Sebastopol carried himself more knightly than William MacLure.' He promised to erect a cross above his grave, and left to Dr. Davidson, the clergyman, the selection of the text to be inscribed. Dr. Davidson chose this text: 'Greater love hath no man than this, that a man lay down his life for his friends,' and this Dr. MacLure had done."

The account goes on:

"Milton was at this time held in the bonds of a very bitter theology and his indignation was stirred by this unqualified eulogium.

'No doubt Dr. MacLure hed mony natural virtues an' he did his wark weel, but it was a peety he did na mak mair profession o' releegion.'

'When William MacLure appears before the Judge, Milton,' said Lachlan Campbell, who that day spoke his last words in public, and they were in defense of charity, 'He will not be asking him about his professions, for the doctor's judgment has been ready long ago and it is a good judgment, and you and I will be happy men if we get the like of it. It is written in the Gospel but it is William MacLure that will not be expecting it.'

'What is't Lachlan?' asked Jamie Sauter eagerly.

The old man, now very feeble, stood in the middle of the road, and his face, once so hard, was softened into a winsome tenderness.

'Come ye blessed of My Father—I was sick and ye visited me.'"

USE OF FACULTY ROOMS

The House Committee requests that all societies or committees, desiring to use rooms in the Faculty Building, to avoid confusion arrange for same with the librarian before sending out their notices of meetings.

TREASURER'S FINANCIAL STATEMENT.

January 1, 1913, to December 31, 1913.

CURRENT ACCOUNT, FACULTY.

RECEIPTS.

Balance Continental Trust Company, January 1, 1913.....	\$1,123.61
Dues members County Medical Societies, etc.....	1,517.00
Dues members Baltimore City Medical Society.....	4,031.00
Clerical assistant, Baltimore City Medical Society.....	180.00
Rent of halls, Baltimore City Medical Society.....	200.00
Rent of halls, offices etc	1,333.50
Contributions to Library Fund from medical schools.....	75.00
Contributions to Frick Library Fund.....	200.00
By sale of smoker tickets.....	162.00
By sale of books.....	249.00
State appropriation.....	3,750.00
J. M. T. Finney Fund.....	528.85
Trimble Fund.....	500.00
Dr. H. Friedenwald.....	20.00
Book and Journal Club.....	5.00
Contributions toward Physicians' Defense.....	1,411.22
Public Instruction Committee.....	3,503.79
Committee Relief of Widows and Orphans.....	103.34
Interest to date.....	41.43
By uncanceled check, 1912.....	5.65
Total.....	\$18,940.39

EXPENDITURES.

Salaries.....	\$3,080.00
House expenses.....	155.94
Gas and electricity.....	473.43
Coal and wood.....	555.85
Improvements to property.....	2,789.91
Postage.....	60.00
Telephone.....	132.80
Annual Meeting.....	80.75
Annual Meeting Smoker.....	162.00
Semi-Annual Meeting.....	30.87
Public Instruction.....	4,412.03
Supplies.....	128.14
Water rent.....	15.36
Bulletin subscription.....	250.00
By transfer to Building Fund.....	1,551.00
Physicians' Defense.....	1,857.62
Printing.....	69.75
American Bonding Company.....	7.50
Incidentals.....	100.65

Frick Library Account.....	200.00
Library Account, journals etc.....	593.50
Binding.....	307.60
Library of Congress Cards.....	15.91
Supplies.....	18.22
Association dues, etc.....	15.00
Encyclopedia Britannica.....	112.25
Finney Fund.....	528.85
Trimble Fund.....	500.00
Committee Relief of Widows and Orphans.....	103.34
Book and Journal Club.....	5.00
<hr/>	
Total.....	\$18,313.27
Balance Continental Trust Company.....	627.12
<hr/>	
	\$18,940.39

BULLETIN FINANCIAL STATEMENT.

RECEIPTS.

Balance, Continental Trust Company, January 1, 1913	\$370.35
Subscriptions	250.25
Advertisements.....	1,211.88
Interest.....	4.25
<hr/>	
Total.....	\$1,836.73

EXPENDITURES.

Printing and mailing.....	\$1,684.34
Commission on "ads.".....	141.25
Postage.....	10.00
Balance Continental Trust Company.....	1.14
<hr/>	
Total.....	\$1,836.73

BUILDING FUND.

RECEIPTS.

Balance as of December 31, 1912.....	\$116.10
Contributions.....	\$1,246.00
By transfer from Medical and Chirurgical Faculty.....	1,550.00
Faculty Orchestra.....	327.00
Interest to April 1, 1913.....	2.23
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	\$3,125.23
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	\$3,241.33

EXPENDITURES.

Mar. 10, Paid on Mortgage	\$1,000.00
Mar. 10, Interest on Mortgage	630.00
Sept. 9, Interest on Mortgage	607.50
<hr/>	
	\$2,237.50
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Balance as per Eutaw Savings Bank Book.....	\$1,003.83

STANDING OF PERMANENT ACCOUNTS ON DECEMBER 31, 1913.

OSLER ENDOWMENT FUND.

	INVESTMENTS.	INCOME.
The investments of this Fund are:		
One United Railway 4 per cent Bond, par value.....	\$1,000.00	
Thirty shares Norfolk R. & L. Stock, par value.....	750.00	
Cash in bank December 31, 1912.....		\$372.32
Income from United Railways Bonds.....		40.00
Income from Norfolk R. & L. Stock.....		45.00
Interest from Continental Trust Company.....		12.46
Balance as per bank book.....		\$469.78

TRIMBLE LECTURESHIP FUND.

The investments of this Fund are:		
Three Chicago Railway Bonds, 1st 5's, par value.....	\$3,000.00	
Two Georgia & Alabama R. R. Bonds 5's, par value.....	2,000.00	
Cash in bank December 31, 1912.....		\$722.60
Income from Georgia & Alabama Railway Bonds.....		100.00
Income from Chicago Railway Bonds.....		150.00
Contribution through Dr. W. S. Thayer.....		250.00
Interest from Eutaw Savings Bank.....		30.38
		\$1,252.98
Expenditures:		
Honorarium to Dr. Flexner.....	\$500.00	
Balance in bank.....	752.98	
		\$1,252.98

WIDOWS AND ORPHANS.

The investments of this Fund are:		
One University of Maryland Bond.....	\$500.00	
One City of Aberdeen Bond.....	500.00	
One Milwaukee Gas & Elect. Bond 4½'s, par value.....	1,000.00	
One United Railways Bond 4's.....	1,000.00	
Cash in bank December 31, 1912.....		\$820.19
Income from University of Maryland Bond.....		25.00
Income from Ladies' Auxiliary.....		77.67
Income from City of Aberdeen Bond.....		25.00
Income from United Railway Bond.....		20.00
Income from Milwaukee Gas & Electric Bond.....		45.00
Interest from Continental Trust Company.....		27.55
		\$1040.41

Expenditures:

Paid to Chairman of Committee.....	\$103.34
Paid United Ry. Bond.....	845.33
Balance in Continental Trust Company.....	91.74
	<u>\$1,040.41</u>

BAKER FUND.

The investment of this Fund is:

One United Railways 4 per cent Bond, par value.....	<u>\$1,000.00</u>	
Cash in bank December 31, 1912.....		\$145.19
Income from Bond.....		40.00
Interest from Continental Trust Company.....		4.98
Balance in Continental Trust Company.....		<u>\$190.17</u>

FINNEY FUND.

The investments of this Fund are:

Baltimore City Stock par value.....	\$4,000.00	
Two Minn. & St. Paul Rwy. 5's, par value.....	2,000.00	
Two Milwaukee R. & L. 5's, par value.....	2,000.00	
Two Chicago City Railway 5's, par value.....	2,000.00	
Cash in Bank.....		\$189.83
Income from City Stock.....		160.00
Income from Minn. & St. Paul Rwy.....		100.00
Income from Milwaukee R. & L.....		100.00
Income from Chicago City Railway.....		100.00
Interest from Continental Trust Company.....		2.71
Expenditures:		<u>\$652.54</u>
Paid on order of Committee.....	\$528.85	
Balance Continental Trust Company.....	123.69	
	<u>\$652.54</u>	

BALTIMORE, MD., February 3, 1914.

DR. WILLIAM S. GARDNER,

*Treasurer of the Medical and Chirurgical Faculty of Maryland,
Baltimore, Maryland.*

Dear Sir: At your request we have examined the Cash Book of the above Faculty, and have found that after having made all additions and reconciled the cash accounts of the various Funds with the amounts as they stand in their respective banks, the moneys received have been properly and honestly distributed under the proper expenditures.

We have examined the documents which belong to your permanent Funds and find them in evidence, we remain,

Yours very truly,

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(Signed) John Kuchler,
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A MEETING YOU SHOULD ATTEND.

No subject has been discussed more extensively, or from so many viewpoints as that of newspaper publicity, as it concerns members of the medical profession. The papers printed in this issue of the BULLETIN are devoted to a discussion of this very live subject. Not only physicians, but also newspaper men, are vitally interested in this matter. For this reason, every member of the Baltimore City Medical Society should make an effort to attend the semi-annual meeting of the Society on Tuesday, April 7, which will be devoted entirely to this subject. Representatives of all the local newspapers will be present on this occasion. No set program of papers has been arranged, the plan being to thrash the matter out in an informal way, and arrive at some definite arrangement satisfactory to both medical men and newspaper editors.

The discussion on the part of the press will be opened by Mr. Henry L. Mencken, the "Free Lance" of the *Evening Sun*. The subject of this meeting should appeal to every member of the City Society, and a full attendance is hoped for.

ILLEGAL PRACTICE OF MEDICINE AND PHARMACY HALTED.

As the result of the activity of newspaper publicity and the coöperation of the State Board of Medical Examiners with the Police Department, 15 persons have been arrested for practicing medicine or pharmacy illegally in Baltimore city. These cases will all be prosecuted by the State's Attorney at the request of Dr. Herbert Harlan, President of the State Board of Medical Examiners, and a determined effort made to stop the illegal practice of medicine and pharmacy in Baltimore city.

DECEASED.

L. LOWRIE INGLE, M. D., University of Virginia and New York Medical College; formerly physician in charge at Sydenham Hospital, died at his home in Baltimore, Md., March 20, from angina pectoris.

DR. HENRY TUCKER HARRISON, 69 years old, one of the best known physicians of Baltimore County, died at his home on February 24 from pneumonia. Dr. Harrison was a graduate of the University of Maryland and, completing his course, he located at Cub Hill, Baltimore County, where he has since practiced. He was connected as resident physician with the Maryland School for Boys and was a member of the Baltimore County Medical Society.

DR. ABRAHAM SHANK, 72 years old, a prominent physician of Washington county, died March 13 at his home, Clearspring, of pneumonia.

BOOK REVIEWS.

Müllers Sero Diagnostic Methods. Translated by ROSS C. WHITMAN, B.A., M.D.
J. B. Lippincott Company, Philadelphia, Pa. 1913.

Those not familiar with German are indeed fortunate in having such an excellent translation of Prof. Paul Th. Müllers terse exposition of the most important sero diagnostic procedures. Step by step the author carries the investigator from the preparation and preservation of sera to their use in precipitation, agglutination, bacteriocidal and cytolytic reactions. Complement fixation tests for lues, cancer, gonorrhea and tuberculosis are thoroughly gone over, several methods being given. Cobra venom, anti fermentative and phagocytic reactions are not neglected. Each of them are considered briefly from the standpoint of principle and practical application, while the apparatus and modus operandi of conducting each test is given in detail. The index though brief is adequate and the bibliography being in the form of foot notes throughout the text gives the important articles bearing upon the subject then under consideration.

Dr. Whitman has not only given English speaking physicians the advantage of Professor Müllers valuable book, but by adding several of the latest methods in his own words, has avoided the stigma of being an edition behind the original in his translation—*mirabile dictu*.

Tuberculin in Diagnosis and Treatment. By LOUIS HAMMAN, Associate in Medicine in the Johns Hopkins University and to the Johns Hopkins Hospital, and Samuel Wolman, Instructor in Medicine in the Johns Hopkins University. New York and London: D. Appleton and Company, 1912.

There has been so much misunderstanding even among those who are especially interested in tuberculosis, and so much ignorance among the profession at large in reference to tuberculin and the position it should occupy in the diagnosis and treatment of this disease, that there has existed a real need for such a work as Hamman and Wolman have produced.

The subject has been given thorough consideration from every standpoint, and indicates intimate knowledge of the subject by the authors. The historical review is especially valuable tracing as it does, the developments from Koch's work, in fact, numerous quotations are made from the original articles.

The Scientific Principles underlying the Diagnosis and Therapeutic use of Tuberculin, which is the title of the first part, deserves careful reading, as we are sure they are not generally understood.

The use of Tuberculin in Diagnosis should be especially valuable to the general practitioner as well as the specialists; it should be generally known what aid we may expect from Tuberculin in the diagnosis of this so often mistaken disease. The authors especially emphasize the negative value of the various tests, and enumerate the various conditions in the actively tuberculous patient, which give a negative reaction, it must not be understood that a positive reaction indicates an active case, in the absence of other signs or symptoms, indeed it seems to us, that the differentiation between the active or infectious case and the inactive or arrested case, is the crux of the question in diagnosis, but that Tuberculin will give valuable aid, must be acknowledged, if used with discrimination. A careful reading of this part, will give that knowledge.

Tuberculin in Treatment, is the title of the third part, and takes up in detail every phase of the subject. It is emphasized that while tuberculin is an aid in treatment it is in no sense of the word a specific. Many disappointments have come from improper use. The difficulties of estimating results are considered, and the ultimate position tuberculin will occupy in treatment is left sub-judice.

Not the least valuable part of the work, attaches to the personal experiences and conclusions of the authors in a large out-patient clinic.

The bibliography will be of interest to those who care to study the original articles.

We doubt if there is a more thorough or comprehensive work on this subject to be found anywhere, especially in English.

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Vol. VI

MAY, 1914

No. 11

JUST READY

Davis' Nasal Accessory Sinuses

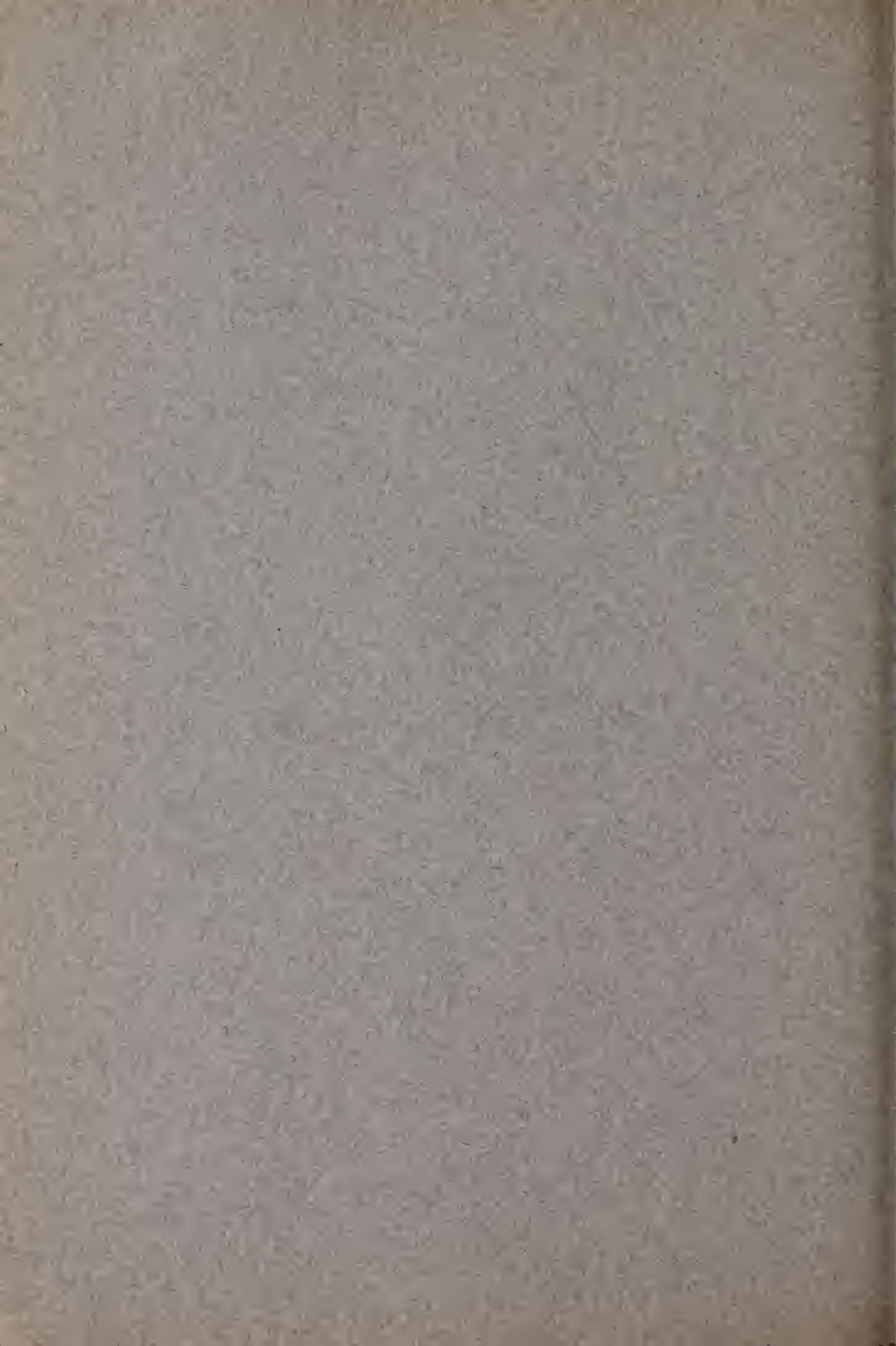
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Component Societies of the Faculty, with a list of their officers and times of meeting

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SECTION OF LARYNOLOGY. Fourth Fridays monthly, 8.30 o'clock. Chairman, LEE COHEN; Secretary, G. W. MITCHELL.

SECTION OF MEDICAL EXAMINERS. Third Fridays in November and March. Chairman, J. D. IGLEHART, M.D.; Secretary, W. E. MAGRUDER, M.D.

SECTION OF NEUROLOGY. Second Friday, monthly. Chairman, AROLF MEYER, M.D.; Secretary, W. B. CORNELL, M.D.

SECTION OF OPHTHALMOLOGY AND OTOTOLOGY. Third Wednesdays. Chairman, C. A. CLAPP, M.D.; Secretary, L. B. WHITHAM, M.D.

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MEDICAL SOCIETY MEETINGS—Continued

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OF THE
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OF MARYLAND

PUBLISHED MONTHLY

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Vol. VI

BALTIMORE, MAY, 1914

No. 11

PUBLIC HEALTH INSTRUCTION

During the past seven years the Medical and Chirurgical Faculty has carried on its list of Committees, one with the title of Committee on Public Instruction. The functions of this Committee have been and are to seize every opportunity that presented and where none appeared to make them, to offer the citizens of Maryland thoroughly modern instruction in elementary subjects of hygienic and sanitary importance.

This has been accomplished in part by lectures, in part by various exhibits, and also by short newspaper articles through and by which a large number of people have been reached and benefitted. During the past year (1913) the Committee arranged for nearly two hundred lectures, besides fifteen public health exhibits in Baltimore, Anne Arundel, Carroll, Washington, Frederick and Alleghany Counties, assisting in the arrangement of a Mental Hygiene Congress as well.

The Committee is now in active coöperation with nearly every civic organization of the City and State, as well as the School Board. Since January 1, 1914, over one hundred lectures have been given, nearly fifty of them to public school children. Three groups of Camp Fire Girls, one group of the Boys Brigade Hospital Corps and the Instructors of the Playground Association are being instructed in first aid, the latter group under Dr. H. H. Stansbury being prepared for Red Cross certificates.

It has been deemed advisable to utilize space in the BULLETIN each month for the purpose of keeping the members of the Faculty in closer touch with the work of the Committee than formerly and if possible secure from their number more active coöperation. In another column will be found the number and names of those physicians who have given generously

of their time and knowledge at the call of the Committee, but more are needed. It is absolutely necessary that we have at least twenty-five men whose time will enable them to speak in the public schools during the session of 1914-15, as well as a larger number who are willing to speak at night when called upon. It is proposed to form a Corps of Public Speakers that will act as ex-officio members of the Committee, and it is also proposed to ask the assistance of the entire Faculty to enlarge the limits of the work. If every member of the County Societies would take it upon themselves to advertise the Committee and seek opportunities to gather together audiences in towns and cities of the State, and if every member of the City Society would use his acquaintance with clergymen, and other individuals interested in public welfare work, the list of lectures given during the rest of 1914 and the year 1915 would run well over three hundred.

The Committee is prepared to place editorials upon pertinent subjects in the *Evening Sun*, also shorter articles in the *Evening News* and *American*. The editorials should not run over 2500 words and the shorter articles about 600 words.

The following physicians have lectured at least once and some of them many more times at request of the Committee of Public Instruction: Roll of Honor, 1913-1914: Drs. Anna S. Abercrombie, Ronald T. Abercrombie, Lewellys F. Barker, Harvey G. Beck, Joseph C. Bloodgood, A. K. Bond, Thos. R. Brown, Alfred A. Burdick, Wm. L. Byerly, Albert H. Carroll, Thos. R. Chambers, M. Chideckel, Edward V. Coolihan, Chas. J. J. Coughlin, Thos. S. Cullen, J. S. Fulton, Jos. E. Giehner, John Girdwood, A. P. Herring, J. L. Hirsch, Fannie E. Hoopes, B. Merrill Hopkinson, E. H. Hutchins, C. Hampson Jones, T. W. Keown, Frank J. Kirby, G. Milton Linthicum, Frank S. Lynn, Alexius McGlannan, Emil Novak, Flora Pollack, J. M. H. Rowland, Moses Savage, Mary Sherwood, A. M. Shipley, A. A. Sienkiewicz, Wm. R. Stokes, H. W. Stoner, David Streett, Henrietta M. Thomas, F. H. Vinup, H. H. Stansbury, H. L. Whittle, Lillian Welsh, Wm. T. Watson, Gordon Wilson, M. F. Sloan, W. R. Dunton. I. Spear.

Wanted.—The names and addresses of physicians who will prepare lectures of not exceeding forty-five minutes, upon the following subjects: (1) The Fly and the Mosquito (Slides furnished); (2) Rest, Sleep and Recreation; (3) Food in Market and Home; (4) The Patent Medicine Habit; (5) Prevention of Infectious Diseases; (6) Typhoid Fever; (7) Tuberculosis; (8) Mouth Breathing, its Cause and Effects; (9) Uses and Abuses of the Home Refrigerator; (10) Housing and Health.

Please communicate with the Secretary of the Committee, Dr. S. J. Fort, 1211 Cathedral St., Baltimore, Md.

It is none too soon to prepare for the campaign to secure votes for the \$750,000 loan with which Sydenham Hospital is to be enlarged. Remember this is to be a rider on the regular ticket next November, and unless the

profession get out and work, there may be a serious deficiency in the number of votes cast for it. The Committee desires a series of newspaper articles which should be prepared as soon as possible so that they will be available at the proper time. The following editorials for the *Evening Sun* have been suggested and volunteers are called for to supply the need: (1) The Value of a Public Hospital for Communicable Diseases, to the Public; (2) How to Obtain Entrance into Sydenham Hospital and Its General Rules of Management.

REPORT OF THE PUBLIC INSTRUCTION COMMITTEE PRESENTED TO THE HOUSE OF DELEGATES

BALTIMORE, April 28th, 1914.

The President and Council:

The consolidated report of the Committee on Public Instruction for the year 1913 has already been placed at the service of the Committee in charge of the campaign for funds at Annapolis last January and the following is a recapitulation of the actual work done. As the Executive Secretary of the Committee it is a duty as well as a pleasure to state that nearly fifty men and women members of the Faculty have voluntarily given their time and knowledge as speakers, some of them many times, and the generous support of the Council has made the work not only pleasant but I think of great importance to the community. The Committee is in active coöperation with a large number of civic organizations which are constantly calling for speakers, and has also made a more or less satisfactory beginning in the public schools, by a series of not quite forty-five lectures since January 1. The total number of lectures given since that date is 123, and had the original schedule arranged with the Superintendents of Schools, been carried out, this number would have been increased to about 165. The Exhibit was placed in the old Senate Chamber of the State House during the Legislature for nineteen days and during that time over three thousand people from all over the country had an opportunity to see it as well as the entire Legislative body. The present Committee is enthusiastic and earnest. It hopes to offer an interesting program at Ocean City during the meeting of the State Teacher's Association, though it was impossible to obtain a share of the printed program owing to press of other educational work.

It is possible that the Committee will handle a Fly Campaign in Cambridge, through the efforts of the Women's Club of that town, and other active plans for the summer are in hand.

It is hoped that plans can be matured for numerous lectures in the public schools beginning in October of this year. For this purpose it is necessary to secure a number of speakers whose time will permit them to take hours

in the morning or afternoon rather unsuitable to medical men. However much interest a physician may have in such work, it is asking much to lose office hours, or to give up his or her time for a number of consecutive lectures, even though at intervals of a week. For this reason the Committee is desirous of obtaining skeleton lectures on approved subjects from the more experienced members, which can be utilized by younger members with some oratorical ability, but less experience. Requests of this nature will appear in this number of the BULLETIN in which publication the Committee proposes to conduct a Department of Public Health Education from now on.

The meeting of the Baltimore City Medical Society with special reference to the subject of Publicity was suggested by your Committee and it is hoped will produce results. In the meantime the State Board of Health and the Committee is printing in the *Evening Sun* and *Evening News*, weekly articles on pertinent hygienic subjects.

Total number lectures to January 1, 1914, 154. Estimated number attending lectures, 7,700.

Exhibit shown Osler Hall, 1 night; 214 N. Charles St., 10 days; Talmud Torah Hall, 5 nights; Fells Point Dispensary, 5 nights; Olive Branch Church, 5 nights; Locust Point Dispensary, 11 nights; Fulton Ave. Baptist Church, 5 nights; Annapolis (State Teacher's Association), 4 days and nights; Walbrook M.E. Church, 5 nights; Westminster, 5 days and nights; Frederick, 5 days and nights; Hagerstown, 6 days and nights; Cumberland, 5 days and nights; Lutherville, 5 nights; St. Stanislaus Hall, 5 nights. Estimated number visiting Exhibit, 15,000.

Milk film shown 18 times. Alcohol film, 12 times. Total number seeing same (estimated) 5,000.

Three educational editorials in the *Evening Sun*. Twelve educational short stories, *Evening News*.

Between 40 and 50 lectures arranged already this year, 12 at Maryland Agricultural College, 18 on First Aid for Boys Brigade, 12 at St. Mary's Church, and a series at Waverly M.E. Church, that may number 20.

Cost of Exhibit, with added expenses for incidentals about \$1,600. Cost of 15 exhibits, including salaries, expressage and printing, \$1,900. Total, \$3,500.

Respectfully submitted,

DR. S. J. FORT,

Chairman.

The 70th annual meeting of the American Medico-Psychological Association will be held in Baltimore from May 26th-29th inclusive. The annual oration will be delivered by Dr. Lewellys F. Barker, the subject being "The Relations of Internal Medicine to Psychiatry."

DIRECTORY.

MEDICAL AND CHIRURGICAL FACULTY OF MARYLAND.

Officers and Committees for 1914 are given on first two pages of Bulletin each month.

LIST OF PRESIDENTS—1799-1914.

1799-1801—Upton Scott.	1883-1884—Richard McSherry.
1801-1815—Philip Thomas.	1884-1885—Thomas S. Latimer.
1815-1820—Ennalls Martin.	1885-1886—John R. Quinan.
1820-1826—Robert Moore.	1886-1887—George W. Miltenberger.
1826-1836—Robert Goldsborough.	1887-1888—I. Edmondson Atkinson.
1836-1841—Maxwell McDowell.	1888-1889—John Morris.
1841-1848—Joel Hopkins.	1889-1890—Aaron Friedenwald.
1848-1849—Richard Sprigg Steuart.	1890-1891—Thomas A. Ashby.
1849-1850—Peregrine Wroth.	1891-1892—Wm. H. Welch.
1850-1851—Richard Sprigg Steuart.	1892-1893—L. McLane Tiffany.
1851-1852—William W. Handy.	1893-1894—George H. Rohé.
1852-1853—Michael S. Baer.	1894-1895—Robert W. Johnson.
1853-1854—John L. Yeates.	1895—J. Edwin Michael.
1854-1855—John Fonerden.	1895-1896—Charles G. Hill.
1855-1856—Jacob Baer.	1896-1897—William Osler.
1856-1857—Christopher C. Cox.	1897-1898—Charles M. Ellis.
1857-1858—Joshua I. Cohen.	1898-1899—Samuel C. Chew.
1858-1859—Joel Hopkins.	1899-1900—Clotworthy Birnie.
1859-1870—Geo. C. M. Roberts.	1900-1901—Samuel Theobald.
1870—John R. W. Dunbar.	1901-1902—J. McPherson Scott.
1870-1872—Nathan R. Smith.	1902-1903—Wm. T. Howard.
1872-1873—P. C. Williams.	1903-1904—Eugene F. Cordell.
1873-1874—Charles H. Ohr.	1904-1905—Edward N. Brush.
1874-1875—Henry M. Wilson.	1905-1906—Samuel T. Earle, Jr.
1875-1876—John F. Monmonier.	1906-1907—Hiram Woods.
1876-1877—Christopher Johnston.	1907-1908—Charles O'Donovan.
1877-1878—Abram B. Arnold.	1908-1909—Brice W. Goldsborough.
1878-1879—Samuel P. Smith.	1909-1910—G. Milton Linthicum.
1879-1880—Samuel C. Chew.	1910-1911—Franklin B. Smith.
1880-1881—H. P. C. Wilson.	1912—Hugh H. Young.
1881-1882—Frank Donaldson.	1913—Archibald C. Harrison.
1882-1883—William M. Kemp.	1914—Randolph Winslow.

LIST OF VICE-PRESIDENTS.

1799-1848—(Unknown.)	1851-1853—(Unknown.)
1848-1849—John Readell, Jacob Baer, P. Wroth.	1853-1854—John Fonerden, Albert Ritchie, P. Wroth.
1850-1851—Joel Hopkins, P. Wroth, Jacob Fisher.	1854-1855—Geo. C. M. Roberts, Samuel P. Smith, Joel Hopkins.

- 1855-1856—George C. M. Roberts, G. W. Miltenberger, M. Diffenderffer.
- 1856-1857—P. Wroth, Wm. H. Davis, Samuel Smith.
- 1857-1858—William Waters, Frederick Dorsey, Joel Hopkins.
- 1858-1859—Samuel Chew, Stephen N. C. White, Samuel K. Handy.
- 1859-1863—John R. W. Dunbar, Samuel Chew, Wm. M. Kemp.
- 1863-1871—John R. W. Dunbar, Wm. M. Kemp, John C. Hopkins.
- 1871-1872—C. H. Ohr, Edward Warren, Richard McSherry.
- 1872-1873—(Unknown.)
- 1873-1874—S. C. Chew, H. M. Wilson, A. B. Arnold.
- 1874-1875—Francis T. Miles, James A. Steuart, D. A. O'Donnell.
- 1875-1876—Christopher Johnston, A. B. Arnold, J. C. Thomas.
- 1876-1877—P. C. Williams, James A. Steuart, Francis T. Miles.
- 1877-1878—S. C. Chew, F. E. Chatard, Charles H. Jones.
- 1878-1879—James C. Thomas, L. McLane Tiffany.
- 1879-1880—H. P. C. Wilson, James A. Steuart.
- 1880-1881—L. McLane Tiffany, G. Ellis Porter.
- 1881-1882—A. H. Bayly, I. E. Atkinson.
- 1882-1883—Thomas S. Latimer, Richard McSherry.
- 1883-1884—W. Stump Forward, J. S. Lynch.
- 1884-1885—John R. Quinan, I. E. Atkinson.
- 1885-1886—E. C. Baldwin, J. E. Michael.
- 1886-1887—Thomas Opie, Richard Gundry.
- 1887-1888—Charles H. Jones, James Carey Thomas.
- 1888-1889—J. E. Michael, Thomas P. Evans.
- 1889-1890—T. A. Ashby, C. G. W. Macgill.
- 1890-1891—Geo. H. Rohé, J. McPherson Scott.
- 1891-1892—J. W. Humrichouse, David Street.
- 1892-1893—J. W. Downey, J. W. Chambers.
- 1893-1894—John D. Blake, John S. Fulton.
- 1894-1895—Charles H. Jones, W. M. Nihiser.
- 1895-1896—Charles G. Hill, Clotworthy Birnie.
- 1896-1897—Wilmer Brinton, Randolph Winslow.
- 1897-1898—W. F. A. Kemp, George J. Preston.
- 1898-1899—Mary Sherwood, J. McPherson Scott.
- 1899-1900—Samuel Theobald, David Street.
- 1900-1901—Samuel T. Earle, Jr., J. B. R. Purnell.
- 1901-1902—Harry Friedenwald, B. W. Goldsborough.
- 1902-1903—Samuel T. Earle, Jr., Wilmer Brinton.
- 1903-1904—Franklin B. Smith, James M. Craighill.
- 1904-1905—Samuel T. Earle, Jr., D. C. R. Miller, Julius A. Johnson.
- 1905-1906—Charles O'Donovan, Thomas M. Chaney, Joseph B. Seth.
- 1906-1907—William T. Watson, Philip Briscoe, William F. Hines.
- 1907-1908—Roger Brooke, Henry L. P. Naylor, George Dobbin.
- 1908-1909—Philip Briscoe, William L. Smith, G. Milton Linthicum.
- 1909-1910—Philip Briscoe, A. P. Herring, Compton Riely.
- 1910-1911—J. Staige Davis, H. B. Gantt, Timothy Griffith.
- 1912—J. L. Riley, D. E. Stone, J. A. Chatard.
- 1913—J. Staige Davis, C. F. Davidson, E. B. Claybrook.
- 1914—C. R. Winterson, A. L. Franklin, Gordon Wilson.

ACTIVE MEMBERS OF COMPONENT SOCIETIES. 1914.

Allegany County.

Barkdall, Frank L., Cumberland, Md.
 Boucher, S. A., Barton, Md.
 Bowen, R. C., Grantsville, Md.
 Broadrup, George L., Cumberland, Md.
 Broadwater, N. I., Oakland, Md.
 Buell, Catherine M., Cumberland, Md.
 Bullock, James O., Lonaconing, Md.
 Burns, Wm. L., Cumberland, Md.
 Cavenaugh, Leo M., Cresaptown, Md.
 Claybrook, Edwin B., Cumberland, Md.
 Cobey, James C., Frostburg, Md.
 Conroy, Timothy L., Frostburg, Md.
 Cowherd, J. K., Ridgeley, W. Va.
 Darby, J. D., Oakland, Md.
 Deming, Herbert V., Cumberland, Md.
 DeNaouley, F. Thomas, Frostburg, Md.
 Fechtig, Robert Y., Cumberland, Md.
 Fochtman, F. W., Cumberland, Md.
 Franklin, A. L., Cumberland, Md.
 Gardner, Charlotte B., Cumberland, Md.
 Gardner, M. E., Cumberland, Md.
 Gracie, W. A., Cumberland, Md.
 Griffith, Timothy, Frostburg, Md.
 Harbaugh, C. V. L., Oldtown, Md.
 Harrington, F. E., Cumberland, Md.
 Harris, Edward, Jr., Cumberland, Md.
 Hawkins, Arthur H., Cumberland, Md.
 Hinebaugh, Mallon C., Oakland, Md.
 Hodges, William R., Cumberland, Md.
 Hodgson, Henry M., Lonaconing, Md.
 Hodgson, Henry W., Cumberland, Md.
 Holdsworth, J. C., Midland, Md.
 Johnson, James T., Cumberland, Md.
 Jones, Emmett L., Cumberland, Md.
 Kalbaugh, A. B., Westernport, Md.
 Kemp, H. M., Bloomington, Md.
 Koon, Thomas L., Cumberland, Md.
 Legge, John Edwin, Oakland, Md.
 Littlefield, John R., Cumberland, Md.
 McComas, H. W., Oakland, Md.
 McDonald, T. B., Cumberland, Md.
 McGann, John H., Barton, Md.
 McLane, W. O., Frostburg, Md.
 Nedrow, Willey Clayton, Friendsville, Md.

O'Neil, Francis P., Midland, Md.
 Owens, C. L., Cumberland, Md.
 Price, James Marshall, Frostburg, Md.
 Ravencroft, J. H., Midland, Md.
 Sharrett, G. O., Cumberland, Md.
 Simmons, Maynard J., Cumberland, Md.
 Simonton, Lawrence J., Cumberland, Md.
 Skilling, William Quail, Lonaconing, Md.
 Spear, J. M., Cumberland, Md.
 Spicer, Jos. H., Cumberland, Md.
 Trevaskis, R. W., Cumberland, Md.
 Twigg, A. P., Flintstone, Md.
 Twigg, Wm. F., Cumberland, Md.
 Walker, Abbott R., Frostburg, Md.
 White, Edward H., Cumberland, Md.
 Wilson, Geo. H., Eckhart Mines, Md.
 Wilson, J. Homer, Cumberland, Md.
 Wilson, Jacob Jones, Cumberland, Md.

Anne Arundel County.

Benson, Thomas P., Wellhams, R. F. D., Md.
 Billingslea, James Snow, Armiger, Md.
 Brayshaw, Thomas H., Glen Burnie, Md.
 Brooke, Charles H., Brooklyn, Md.
 Collison, John, South River, Md.
 Gantt, H. B., Jr., Millersville, Md.
 Henkel, Charles B., Annapolis, Md.
 Henkel, Louis B., Jr., Annapolis, Md.
 Hepburn, Sewall S., Annapolis, Md.
 Hopkins, Walton H., Annapolis, Md.
 Horton, Thomas B., Curtis Bay, Md.
 Murphy, James J., Annapolis, Md.
 Perrie, Alfred Hall, McKendree, Md.
 Purvis, Jesse Oliver, Annapolis, Md.
 Russell, John T., Eastport, Md.
 Thompson, Frank H., Annapolis, Md.
 Weitzman, Frances E., Annapolis, Md.
 Welch, William S., Annapolis, Md.
 Wells, George, Annapolis, Md.
 Winterode, R. Preston, Crownsville, Md.
 Winterson, Charles R., Elkridge, Md.
 Worthington, Joseph Muse, Annapolis, Md.

Baltimore City Medical Society.

- Abercrombie, Anna S., 827 N. Eutaw St.
 Abercrombie, John Robert, 827 N. Eutaw St.
 Abercrombie, Ronald T., Homewood Apartments.
 Abrams, Michael A., 1634 E. Baltimore St.
 Adams, James Fred, 1314 N. Charles St.
 Adler, Harry, 1718 Eutaw Place.
 Ahroon, Carl R., 820 N. Eutaw St.
 Algire, Harry Cairnes, 3640 Roland Ave.
 Arthur, Harry H., 1426 W. Lanvale St.
 Ashbury, Howard E., 1017 Cathedral St.
 Ashby, Thomas A., 1125 Madison Ave.
 Athey, Caleb N., 100 S. Patterson Park Ave.
 Atkinson, A. Duvall, 921 N. Charles St.
 Austrian, Charles R., Johns Hopkins Hospital.
 Bacon, Robert B., 631 Maryland Ave., N. E., Washington, D. C.
 Baer, William Stevenson, 4 E. Madison St.
 Baetjer, Frederick Henry, 4 E. Madison St.
 Bagley, Charles, Jr., 5 W. Chase St.
 Ballard, Edwin Kemp, 1622 Mt. Royal Ave.
 Barker, Lewellys F., 1035 N. Calvert St.
 Barrett, Arthur G., 1631 Madison Ave.
 Baxley, Henry Minifie, 1126 W. North Ave.
 Bay, Robert Parke, 1701 Guilford Ave.
 Beasley, Edward B., Homewood Apartments.
 Beck, Harvey G., 20 E. Preston St.
 Belt, Samuel Jones, 1516 E. Preston St.
 Bergland, John McF., 4 W. Biddle St.
 Berkley, Henry J., 1305 Park Ave.
 Bernheim, Bertram M., 2319 Linden Ave.
 Bevan, Charles Frederick, 807 Cathedral St.
 Biedler, Hamson Hubert, 119 W. Saratoga St.
 Billups, Gains W., 2224 W. North Ave.
 Bishop, John S., 828 N. Carrollton Ave.
 Blake, Chas. French, 20 E. Preston St.
 Blake, Herbert C., 1014 W. Lafayette Ave.
 Blake, John D., 1014 W. Lafayette Ave.
 Bloodgood, Joseph Colt, 904 N. Charles St.
 Boggs, Thomas R., 21 W. Chase St.
 Bolgiano, Walton, 2327 N. Charles St.
 Bolton, John Henry, 1201 N. Broadway.
 Bond, Allen Kerr, 3104 Walbrook Ave.
 Booker, William D., 208 W. Monument St.
 Bordensky, Nathan B., 507 S. Pulaski St.
 Bordley, James, Jr., 330 N. Charles St.
 Brack, Charles Emil, 500 E. 20th St.
 Branham, J. H., 2200 Eutaw Pl.
 Branin, Charles N., 400 Hanover St.
 Brent, Hugh, 906 N. Calvert St.
 Bressler, Frank C., 125 S. Broadway.
 Brewster, Joseph Hall, 2414 Maryland Ave.
 Brinton, Wilmer, 1232 N. Calvert St.
 Brown, Francis Edward, 917 St. Paul St.
 Brown, Thomas Richardson, 19 W. Biddle St.
 Browne, Bennet Bernard, 510 Park Ave.
 Browne, Jennie Nicholson, 510 Park Ave.
 Bruns, Robert Martin, 1401 Park Ave.
 Bubert, Charles H., 1100 W. Lafayette Ave.
 Buck, Jeffries, 2844 St. Paul St.
 Buckler, Humphrey Warren, 806 Cathedral St.
 Buckler, Thomas H., 1201 St. Paul St.
 Burdick, William, 503 Continental Building.
 Burke, William L., 3042 Hudson St.
 Burnam, Curtis Field, 1718 Eutaw Pl.
 Burrow, Trigan, 707 St. Paul St.
 Butler, John Camp, 1809 N. Charles St.
 Buxton, Gilbert F., 301 E. Cross St.
 Byers, William E., 1405 Edmondson Ave.
 Byerly, W. L., 1225 Maryland Ave.
 Byrnes, Charles Metcalf, 207 E. Preston St.
 Cairnes, George Henry, 21 W. 25th St.
 Carman, Richard Perry, 1701 N. Caroline St.
 Carpenter, Frances A., Bellevue-Manchester.
 Carroll, Albert Hynson, 343 Dolphin St.
 Carroll, James Joseph, 330 N. Charles St.
 Carter, H. M., U. S. Marine Hospital.
 Caruthers, Frederick, 330 N. Charles St.

- Caspari, William, 1603 Madison Ave.
 Casler, DeWitt B., 19 W. Chase St.
 Cathell, Daniel Webster, 1636 E. Baltimore St.
 Cathell, William T., 1636 E. Baltimore St.
 Chambers, Albert T., 1012 W. Lafayette Ave.
 Chambers, John Wesley, 18 W. Franklin St.
 Chambers, Thomas R., 18 W. Franklin St.
 Chandlee, Henry, 742 W. North Ave.
 Chatard, Joseph Albert, 40 W. Biddle St.
 Chunn, William P., 1023 Madison Ave.
 Clapp, Clyde A., 513 N. Charles St.
 Cohen, Lee, 1820 Eutaw Pl.
 Cole, John Wesley, 2202 Garrison Ave.
 Cone, Claribel, The Marlborough.
 Cone, Sydney, 2326 Eutaw Pl.
 Conradi, Frederick A., 2221 E. Baltimore St..
 Conser, Charles Carlisle, 1101 N. Fulton Ave.
 Cook, Carlton M., 1107 W. Lanvale St.
 Cooke, Theodore, 914 N. Charles St.
 Cooke, Theodore, Jr., 914 N. Charles St.
 Coolahan, Edward V., 24 N. Fulton Ave.
 Cornell, William Burgess, Lutherville, Md.
 Cotton, Albertus, 1303 Maryland Ave.
 Craighill, James M., 1800 N. Charles St.
 Cromwell, Martin John, The Latrobe.
 Cross, Roscoe Z. G., 2448 Maryland Ave.
 Crouch, J. Frank, 513 N. Charles St.
 Crowe, Samuel J., 1117 N. Eutaw St.
 Cullen, Thomas Stephen, 3 W. Preston St.
 Dabney, William Minor, Union Protestant Infirmary.
 Dashiell, Nicholas Leeke, 2927 St. Paul St.
 Davis, Hoagland Cook, 114 W. Franklin St.
 Davis, John Staige, 1200 Cathedral St.
 Davis, Samuel Griffith, 1230 Light St.
 Deetjen, Christian, 1702 Eutaw Pl.
 Deibel, Harry, 1217 Hanover St.
 Delevett, James M., 623 Columbia Ave.
 Dickey, Ezra A., 14 N. Monroe St.
 Dobbin, George W., 56 W. Biddle St.
 Dohme, Gustavus Charles, 1808 Guilford Ave.
 Douglas, Eugene, 830 W. North Ave.
 Downey, Jesse W., Jr., 529 N. Charles St.
 Duker, Otto H., 928 E. North Ave.
 Earle, Samuel T., 1431 Linden Ave.
 Edmunds, Page, Wentworth Apartments.
 Eilau, Emanuel W., 1908 Madison Ave.
 Ellis, A. Lee, 924 Madison Ave.
 Esker, Harry Hood, Nursery and Child's Hospital.
 Evans, John, 501 Franklin Terrace.
 Fayerweather, Roades, 529 N. Charles St.
 Fehsenfeld, Arthur Louis, Fairview and Garrison Aves., Forest Park, Md.
 Fenby, Edwin B., 1223 N. Caroline St.
 Finney, John Miller T., 1300 Eutaw Pl.
 Fisher, William A., Jr., 715 Park Ave.
 Fiske, John Dwinelle, 51 S. Gay St.
 Fleckenstein, H. K., 1312 Linden Ave.
 Fleming, George A., 1018 Madison Ave.
 Follis, Richard Holden, 3 E. Read St.
 Ford, William W., 1134 Cathedral St.
 Forsythe, Hugh, 424 E. North Ave.
 Fort, Samuel J., Gelston Heights.
 France, J. William, 1407 N. Gay St.
 Franks, H. Lee, 1228 S. Charles St.
 Freeman, Elmer Bert, 643 Columbia Ave.
 Fried, Hiram, 2551 Madison Ave.
 Friedenwald, Edgar B., 1616 Linden Ave.
 Friedenwald, Harry, 1029 Madison Ave.
 Friedenwald, Julius, 1013 N. Charles St.
 Fulton, John S., 2211 St. Paul St.
 Funck, J. William, 1631 Eutaw Pl.
 Fatcher, Thomas Barnes, 23 W. Franklin St.
 Gabriel, Calvin Newton, 2413 St. Paul St.
 Gaddess, H. W., 321 E. 25th St.
 Gaither, Abram Bradley, 111 N. Charles St.
 Gaither, Ernest H., The Latrobe.
 Gamble, Cary B., Jr., 26 W. Biddle St.
 Gardner, William Sisson, 6 W. Preston St.
 Gately, Joseph Edward, 111 S. Broadway.
 Geraghty, John T., 330 N. Charles St.
 Getz, Charles, 1111 W. Lanvale St.
 Gibbons, Edward Englar, 1102 W. Lafayette Ave.
 Giehner, Joseph Enoch, 1516 Madison Ave.

- Giering, Herman J., 1900 Eastern Ave.
 Gilchrist, Thomas Caspar, 330 N. Charles St.
 Gillis, Andrew Colin, 914 N. Charles St.
 Glantz, Frank A., 3244 Eastern Ave.
 Goldbach, Leo John, 322 N. Charles St.
 Goldberg, Harry, 2031 W. Pratt St.
 Gombel, Wm. G., 1704 Madison Ave.
 Gorsuch, Harry Kepler, 117 W. Saratoga St.
 Gorsuch, Howard Stanley, 501 E. 22d St.
 Gorter, Nathan Ryno, 1 W. Biddle St.
 Greenbaum, Harry S., 1614 Eutaw Place.
 Greenfeld, Wm., 525 S. Charles St.
 Grove, Benjamin Frank, 1304 N. Caroline St.
 Hachtel, Frank W., 122 W. Lafayette Ave.
 Hahn, Henry J., Irvington.
 Hall, William S., 814 Park Ave.
 Halsted, William Stewart, 1201 Eutaw Place.
 Hamburger, Louis P., 1207 Eutaw Place.
 Hamman, Louis V., 714 Park Ave.
 Harlan, Herbert, 516 Cathedral St.
 Harris, John C., 773 W. Lexington St.
 Harrison, Archibald C., 31 E. North Ave.
 Hartman, George A., 1121 N. Caroline St.
 Hartman, Jacob H., 5 W. Franklin St.
 Hayden, Holliday H., 1425 Light St.
 Hayward, Eugene H., Preston & Valley Sts.
 Hazlehurst, Franklin, Jr., 230 W. Lafayette Ave.
 Hebb, Arthur, 2011 E. Pratt St.
 Heck, John J., 936 E. Monument St.
 Hemmeter, George W., 800 Harlem Ave.
 Hemmeter, John C., Latrobe Bldg.
 Hempel, John Frederick, 1103 Valley St.
 Herring, Arthur P., 330 N. Charles St.
 Hirschman, Isidore I., 2316 Callow Ave.
 Hirsh, José Louis, 1819 Linden Ave.
 Hoag, J. Morley, 725 Columbia Ave.
 Hobelmann, Frederick William, 1908 W. Baltimore St.
 Hoffmann, Robert, 1325 Park Ave.
 Hogan, J. F., Sydenham Hospital.
 Holland, Joseph W., 1624 Linden Ave.
 Homer, Harry L., 714 Park Ave.
 Hooker, Donald R., "Cliffhurst" Mt. Washington, Md.
 Hoopes, Fannie E., 1307 N. Charles St.
 Hopkinson, B. Merrill, 330 N. Charles St.
 Horn, August, St. Paul and 25th St.
 Houff, John, 15 N. Monroe St.
 Howell, William H., 232 W. Lanvale St.
 Howland, John, 20 E. Eager St.
 Hundley, John Mason, 1009 Cathedral St.
 Hunner, Guy Le Roy, 2305 St. Paul St.
 Hurd, Henry Mills, 1023 St. Paul St.
 Hurdon, Elizabeth, 31 W. Preston St.
 Hutchins, Elliot II., 1230 Light St.
 Hyde, Harry C., 1024 E. North Ave.
 Iglehart, James Davidson, 211 W. Lanvale St.
 Iglehart, J. Howard, 701 N. Carrollton Ave.
 Iglehart, Nathan E. B., 1008 Cathedral St.
 Jacobs, Henry Barton, 11 W. Mt. Vernon Pl.
 Janney, Francis W., 327 N. Charles St.
 Janney, O. Edward, 825 Newington Ave.
 Jay, John G., 906 Cathedral St.
 Jennings, F. Leslie, 914 N. Charles St.
 Johnson, Robert W., 101 W. Franklin St.
 Johnston, Richard Hall, 807 N. Charles St.
 Johnston, Samuel, 204 W. Monument St.
 Jones, C. Hampson, 2529 St. Paul St.
 Jones, David W., 3116 O'Donnell St.
 Jones, Howard W., 1296 Frederick Ave.
 Jones, Maurice, 423 E. Fort Ave.
 Joyce, James Burch, 1800 W. North Ave.
 Judd, Chas. W. C., Plymouth Hall, Madison and Wilson Sts.
 Kahn, Howard, 2027 W. Pratt St.
 Kahn, Max, 677 Columbia Ave.
 Keidel, Albert, Park Ave. and Richmond St.
 Keirle, Nathaniel G., 1419 W. Lexington St.
 Keller, Charles J., 222 W. Monument St.
 Kelly, Howard Atwood, 1418 Eutaw Pl.
 Kelly, Vernon F., 405 Falls Road.
 Kemler, Joseph I., 519 N. Charles St.
 Keown, Thomas William, 1938 Linden Ave.
 Ketron, Lloyd W., 529 N. Charles St.
 Keyser, R. L., Wentworth Apartments.

- King, John Theodore, 1425 Eutaw Pl.
 Kimzey, F. J., 715 N. Calvert St.
 Kintzing, Pearce, 1321 N. Charles St.
 Kirby, Francis Joseph, 110 E. North Ave.
 Kloman, E. H., 1819 N. Charles St.
 Knapp, Hubert Clement, 1216 E. Preston St.
 Knipp, Harry Edward, 1002 W. Lanvale St.
 Knorr, Ernest A., 114 W. Franklin St.
 Knox, J. H. M., Jr., 211 Windover Rd., Guilford, Baltimore, Md.
 Kolb, Henry B., 1203 Light St.
 Krozer, John J. R., 662 W. Lexington St.
 Lang, John Frederick, 933 W. Fayette St.
 Larned, Charles Willis, 1327 Park Ave.
 Laroque, Herbert E., 11 S. Broadway
 Latimer, Caroline W., Hotel Sherwood.
 Lazenby, Maurice, 214 E. Preston St.
 Lehnert, Ernest Charles, 1419 E. Eager St.
 Leitz, Thomas Frederick, 1363 W. North Ave.
 Lennan, Alvin B., 720 N. Patterson Park Ave.
 Leopold, Eugene J., 803 Park Ave.
 Lewis, Howard Davis, 1100 Madison Ave.
 Lewis, Wm. Milton, 239 W. Lafayette Ave.
 Lichtenberg, Moses L., University Hospital.
 Likes, Sylvan H., 1134 Linden Ave.
 Linthicum, G. Milton, 817 Park Ave.
 Litsinger, Glenn M., 127 E. North Ave.
 Lloyd, L. L., 639 Franklin St.
 Lockard, George C., 1631 W. Lafayette Ave.
 Locker, R. W., 31 E. North Ave.
 Lockwood, William F., 8 E. Eager St.
 Long, Oscar L., 2701 Eastern Ave.
 Looper, E. A., 37 W. Preston St.
 Lord, Jere Williams, 1011 N. Charles St.
 Love, William S., 836 W. North Ave.
 Luetscher, John Arthur, 1025 Madison Ave.
 Lumpkin, James C., 645 Columbia Ave.
 Lumpkin, Thomas Morgan, 602 S. Paca St.
 Lynn, Frank S., 1619 St. Paul St.
 McAvoy, Michael J., 839 S. Canton St.
 MacCalman, Duncan, 1102 Madison Ave.
 McCarty, Harry D., 37 W. Preston St.
 McCleary, Standish, 1609 Linden Ave.
 McConachie, Alexander Douglas, 805 N. Charles St.
 McCormick, Thos. Pugh, 1421 Eutaw Pl.
 McDevitt, Edward P., 208 Aisquith St.
 MacDonald, Alexander W., 1540 N. Broadway.
 McDonald, Wm. B., 1309 Linden Ave.
 MacElfresh, Charles W., 1415 Linden Ave.
 McGlannan, Alexius, 114 W. Franklin St.
 Macht, David I., 3218 Auchentoroly Ter.
 Mackenzie, John N., 605 N. Charles St.
 Magruder, Wm. Edw., 924 Madison Ave.
 Maldeis, Howard J., Kate Ave., Arlington.
 Martin, Frank, 1000 Cathedral St.
 Mayer, A. Henry Albert, 1618 Madison Ave.
 Mayo, Robert W. B., 819 N. Charles St.
 Merrick, Samuel K., 824 Park Ave.
 Metzell, Roscoe C., 1903 W. North Ave.
 Meyer, Adolf, Roland Park.
 Micheau, Ellis, 528 N. Gilmore St.
 Michelson, R. A., 1420 E. Baltimore St.
 Miller, Irving, 1211 N. Calvert St.
 Miller, Sydney R., Elgin Ave. & 12th St., Walbrook.
 Mills, James J., 853 Park Ave.
 Mitchell, Charles W., 9 E. Chase St.
 Mitchell, George W., Howard & Monument Sts.
 Mitchell, Robert L., 2112 Maryland Ave.
 Mitnick, Jacob H., 424 N. Greene St.
 Morgan, Wilbur Phelps, 315 W. Monument St.
 Mortimer, Egbert Laird, 530 N. Fulton Ave.
 Moseley, William Edward, 301 W. Monument St.
 Moss, William Lorenzo, Johns Hopkins Hospital.
 Murgatroyd, George W., 2537 Greenmount Ave.
 Muse, Alexander E., 855 Columbia Ave.
 Muse, Bernard Purcell, 1039 Edmondson Ave.
 Muse, Joseph Ennalls, 1520 Hollins St.
 Neale, Leonard Ernest, 822 Park Ave.

- Nelson, J. T., 1103 N. Fulton Ave.
 Ney, Grover C., 1701 Linden Ave.
 Nicholls, Walter Lee, 401 N. Fulton Ave.
 Nichols, Fermadge K., 535 N. Carrollton Ave.
 Nicholson, Horace W., Howard and Madison Sts.
 Nicholson, S. T.,
 Nolen, Charles F., 114 W. Franklin St.
 Norment, Richard Baxter, 3543 Chestnut Ave.
 Norton, Rupert, 1117 N. Calvert St.
 Norwood, Vernon Lee, 939 W. Fayette St.
 Novak, Emil, 823 N. Patterson Park Ave.
 O'Donovan, Charles, 5 E. Read St.
 Ohle, Henry Charles, 1203 W. Fayette St.
 O'Mara, John T., 1042 Edmondson Ave.
 O'Neill, J. E., 2508 N. Charles St.
 O'Neill, Martin A., 108 N. Fulton Ave.
 Orem, F. Strattner, 2827 N. Calvert St.
 Owens, Robert H., 1625 W. Lexington St.
 Owensby, Newdigate M., 1815 N. Charles St.
 Owings, Edward R., 1733 Linden Ave.
 Page, Isham R., 1327 Bolton St.
 Pancoast, Omar Barton, 1111 N. Charles St.
 Parsons, W. T., 230 W. Lafayette Ave.
 Pearce, Wilbur M., Greenmount Ave. and Preston St.
 Pearce, Wm. H., 2105 N. Charles St.
 Pearson, C. B., Hillsdale, Md.
 Pels, Isaac R., 922 W. North Ave.
 Pennington, John I., The Marlborough.
 Penrose, Clement A., 21 W. Mt. Royal Ave.
 Perkins, Edgar Shirley, The Rochambeau.
 Perry, William Brinton, 330 N. Charles St.
 Peterman, Harry Elmer, 114 W. Franklin St.
 Peters, Don P., 131 N. Broadway.
 Pfeiffer, John Arthur, F., Government Hospital Insane, Washington, D. C.
 Pickel, John U., 1312 Ashland Ave.
 Pierson, J. W., 2808 E. Baltimore St.
 Platt, Walter Brewster, 802 Cathedral St.
 Pleasants, Jacob Hall, 806 University Parkway.
 Plummer, Edward, 539 N. Fulton Ave.
 Pole, Armenius C., 2038 Madison Ave.
 Pollack, Flora, 1112 N. Eutaw St.
 Poulton, J. Emory, 615 Columbia Ave.
 Pound, John C., 1302 W. Lombard St.
 Powers, F. J., 2511 E. Preston St.
 Randolph, Robert Lee, 609 Park Ave.
 Rankin, Fred, 2124 Maryland Ave.
 Reckard, Hiram Leslie, 3100 Abell Ave.
 Reeder, J. Dawson, 639 N. Fulton Ave.
 Rehberger, John H., 1709 Aliceanna St.
 Reid, E. Miller, 904 N. Fremont Ave.
 Reik, A. J. Neilson, 506 Cathedral St.
 Reik, Henry Ottrage, 506 Cathedral St.
 Requardt, Wm. Whitall, 805 Park Ave.
 Reynolds, George Brown, 809 N. Charles St.
 Richardson, Edward H., 216 E. Preston St.
 Richardson, Leonard A., 112 W. 25th St.
 Richardson, Thos. Leonard, Quarantine Station.
 Riely, Compton, 2025 N. Charles St.
 Ries, A. Ferdinand, 24 S. Broadway.
 Riley, Charles H., 1113 Madison Ave.
 Riley, William T., 1639 Broadway.
 Roach, Joseph, 611 Park Ave.
 Roberts, William Miller, 1116 St. Paul St.
 Robinson, H. M., 2010 Wilkens Ave.
 Robinson, Isaac P., 330 N. Charles St.
 Robinson, John Henry, 726 E. Preston St.
 Rohrer, Caleb W. G., 114 W. Franklin St.
 Rosenheim, Sylvan, 1710 Linden Ave.
 Rosenthal, Lewis Jay, 1622 Linden Ave.
 Rosenthal, Melvin Samuel, 718 N. Howard St.
 Rosett, Joshua, 1203 N. Charles St.
 Rowland, James M. H., 1204 Madison Ave.
 Ruhräh, John, 11 E. Chase St.
 Russell, Elijah J., 423 N. Broadway.
 Russell, William Wood, 1208 Eutaw Pl.
 Rutledge, Harry H., 106 Jackson Place.
 Rysanek, William J., 2008 Ashland Ave.
 Rytina, Anton George, 330 N. Charles St.
 Sadtler, Charles E., 1415 Linden Ave.
 Samuels, Abraham, 1928 Eutaw Pl.
 Sanderson, John W., 1714 N. Caroline St.
 Sanger, Frank Dyer, 525 N. Charles St.

- Savage, Moses M., 1121 E. Baltimore St.
 Schaefer, Otto, 1105 Madison Ave.
 Schmitz, William J., 2620 E. Monument St.
 Schoenrich, Herbert, 1134 Linden Ave.
 Scholl, George Barr, 1005 W. Lanvale St.
 Schwartz, William F., 1200 N. Caroline St.
 Schwatka, J. B., 822 W. North Ave.
 Seegar, John King B. E., 1529 Park Ave.
 Seligman, Joseph Albert, 1920 Linden Ave.
 Sellman, Wm. Alfred Belt, 5 E. Biddle St.
 Settle, George M., 2435 Maryland Ave.
 Shannon, George Conkle, 700 N. Fulton Ave.
 Shelly, Albert, 3849 Roland Ave.
 Shemwell, Joseph F., 2226 Madison Ave.
 Sherwood, Mary, 1320 N. Charles St.
 Shipley, Arthur Marriott, 1827 Eutaw Place.
 Shull, John D., The Guilford.
 Sienkiewicz, Alex. A., 1731 Gough St.
 Simon, Charles Edmund, 1734 Linden Ave.
 Singewald, Albert G., 1503 E. North Ave.
 Singewald, Edward M., 5 N. Washington St.
 Sisco, P. S. Bourdeau, 215 E. North Ave.
 Sisco, Henry N., 215 E. North Ave.
 Skilling, Wm. K., 4101 Liberty Heights Ave.
 Smith, C. Urban, 817 Park Ave.
 Smith, Edward A., 1605 W. North Ave.
 Smith, Frank Robert, 1126 Cathedral St.
 Smith, Henry Lee, 2701 N. Calvert St.
 Smith, Joseph Tait, The Cecil, Eutaw St.
 Smith, N. R., 809 Park Ave.
 Smith, Winford H., Johns Hopkins Hospital.
 Smith, William Henry, 3429 Chestnut Ave. Annex.
 Smith, William S., 528 Hanover St.
 Sowers, W. F., 2311 Edmondson Ave.
 Spear, Irving, 1810 Madison Ave.
 Spruill, St. Clair, 9 E. Chase St.
 Steindler, L. F., 1203 W. North Ave.
 Sterling, E. Blanche, 2017 N. Charles St.
 Stickney, Geo. L., 1612 Park Ave.
 Stiefel, John G., 901 Myrtle Ave.
 Stifler, William C., 1409 Light St.
 Stokes, William Royal, 1639 N. Calvert St.
 Stone, Harvey Brinton, 214 E. Preston St.
 Stoner, Harry W., 330 N. Charles St.
 Strauss, George Alvin, Jr., 723 W. North Ave.
 Streett, David, 712 Park Ave.
 Strobel, Edgar Randolph, 37 E. North Ave.
 Stuart, Daniel D. V., Jr., 935 St. Paul St.
 Stubbs, Wilbur Pledge, 647 N. Calhoun St.
 Suwalski, S. J., 1511 W. Lombard St.
 Sweeny, Hugh W., 1813 N. Calvert St.
 Talbott, Thos. J., 642 W. North Ave.
 Taneyhill, George Lane, 1103 Madison Ave.
 Taneyhill, Geo. Lane, Jr., 1402 Eutaw Place
 Tapman, Bertha E., 2725 Greenmount Ave.
 Tarun, William, 613 Park Ave.
 Taylor, Robert Tunstall, 2000 Maryland Ave.
 Tearney, Joseph F., 2210 Maryland Ave.
 Thayer, William Sydney, 406 Cathedral St.
 Theobald, Samuel, 970 Howard St.
 Thiede, Gustav A., 1530 W. Lanvale St.
 Thomas, Henrietta M., 1718 John St.
 Thomas, Henry Briscoe, 1007 Cathedral St.
 Thomas, Henry M., 1228 Madison Ave.
 Thorkelson, Jacob, 529 N. Charles St.
 Tiffany, Louis McLane, 831 Park Ave.
 Timberlake, Gideon, 330 N. Charles St.
 Titlow, Horace B., 3035 O'Donnell St.
 Tonry, Reginald I., 414 E. North Ave.
 Towles, Caroline Benson, 1006 Madison Ave.
 Townsend, W. G., U. S. N. Recruiting Sta., Balto. & St. Paul Sts.
 Tumbleson, Arthur Lee, 2013 Bank St.
 Tweedie, Hedley V., 508 Park Ave.
 Ullman, Alfred, 1532 N. Broadway.
 Ullrich, J. Harry, 22 N. Carey St.
 Ulman, Solomon Jay, 1725 Park Ave.

- Underhill, Albert Jas., The Walbert.
 Van Ness, Eugene McE., 200 W. Lafayette Ave.
 Vogelein, Mary Fussell, 1028 Valley St.
 Wade, John, 118 S. Broadway.
 Walker, Geo., Charles and Centre Sts.
 Walton, Henry J., 720 W. North Ave.
 Warfield, Ridgely Brown, 845 Park Ave.
 Warner, Robert A., 873 W. Lombard St.
 Waters, Mary A., 1711 Madison Ave.
 Watson, William Topping, 2128 St. Paul St.
 Wegefarth, George C., 305 Calvert Bldg.
 Weinberg, M. W., 1804 Madison Ave.
 Welch, Erberle Giddings, 607 N. Charles St.
 Welch, William Henry, 807 St. Paul St.
 Welsh, Lilian, The Arundel.
 Wheltle, Charles B., 1279 William St.
 White, G. Howard, Jr., 1029 Cathedral St.
 White, Walter Walton, Jr., 1101 N. Broadway.
 White, William Kelso, 1819 N. Charles St.
 Whitehead, Alfred, 1213 Madison Ave.
 Whitham, Lloyd B., 514 Cathedral St.
 Whitney, Edward L., 1520 Linden Ave.
 Wiegand, William Edward, 1011 Madison Ave.
 Wilkins, George Lawson, 6 N. Broadway.
 Willey, Waitman T., 2129 St. Paul St.
 Williams, John Whitridge, 1128 Cathedral St.
 Willis, Mary Cook, 810 Hanover St.
 Wilson, Gordon, 1318 N. Charles St.
 Wilson, Henry Merryman, 1008 Madison Ave.
 Wilson, Karl M., 23 W. Chase St.
 Wilson, Lot Ridgely, 1735 Hollins St.
 Wilson, Robert Taylor, 820 Park Ave.
 Winner, Jacob Lewis, 30 S. Broadway.
 Winsey, Whitfield, 1220 E. Fayette St.
 Winslow, John Randolph, The Latrobe.
 Winslow, Nathan, 330 N. Charles St.
 Winslow, Randolph, 1900 Mt. Royal Ter.
 Winternitz, Milton C., Johns Hopkins Hospital.
 Wise, Edward Marton, 706 N. Howard St.
 Wise, Walter Dent, The Walbert.
 Wolf, William B., 113 W. Franklin St.
 Wolman, Samuel, 2407 Madison Ave.
 Woltreck, G. H., 1210 Guilford Ave.
 Woodruff, Charles S., 211 E. Mt. Royal Ave.
 Woods, Hiram, 842 Park Ave.
 Worthington, Thomas Chew, 1022 Madison Ave.
 Wright, Eugene B., 1017 Cathedral St.
 Young, Hugh Hampton, 330 N. Charles St.
 Zepp, Herbert Elmo, 3050 W. North Ave.
 Zinn, Waitman F., Lehr Ave., Roland Heights.
 Zueblin, Ernest, 807 St. Paul St.

Baltimore County.

Benson, Benjamin R., Cockeysville, Md.
 Benson, James Edward, Cockeysville, Md.
 Beitler, Frederick V., Halethorpe, Md.
 Bowen, Josiah S., Mt. Washington, Md.
 Brush, Edward N., Towson, Md.
 Bussey, Bennett F., Texas, Md.
 Campbell, William H. H., Owings Mills, Md.
 Carmine, Walter M., Sparrows Point, Md.
 Cassidy, Henry F., Roland Park, Md.
 Clarke, Sydenham R., Roland Park, Md.
 Clayton, W. F., Overlea, Md.
 Cox, N. H. D., Arlington, Md.
 Drach, John H., Butler, Md.
 Dunton, William Rush, Govans, Md.
 Eldred, Frank C., Sparrows Point, Md.
 Emory, Thomas H., Monkton, Md.
 Ensor, Charles B., Station E., Baltimore, Md.
 Fischer, John S., 110 Belvedere Ave., Arlington Md.
 Garrett, Robert Edward, Catonsville, Md.
 Glann, Raymond V., Mt. Winans, Md.
 Gorsuch, James F. H. Fork, Md.
 Green, John S., Gittings, Md.
 Green, Joshua Royston, Towson, Md.
 Green, Morris B., Hamilton, Md.
 Gundry, Alfred T., Athol, Catonsville, Md.
 Gundry, Lewis H., Relay, Md.
 Gundry, Richard F., Catonsville, Md.
 Hall, Thomas B., Mt. Winans, Md.
 Harrison, John, Middle River, Md.
 Hess, Harry Clyde, Station H., Govans, Md.
 Hill, Chas. G., Arlington, Md.
 Hill, Wm. P., Arlington, Md.
 Hocking, George H., Govanstown, Md.
 Jarrett, H. S., Towson, Md.
 Jarrett, J. H., Towson, Md.
 Jennifer, Daniel, Towson, Md.
 Keating, Frank W., Owings Mills, Md.
 Keiffer, G. S. M., Morrell Park, Md.
 Kennard, Henry W., Pikesville, Md.
 Kerr, Eugene, Towson, Md.
 McCormick, G. C., Sparrows Point, Md.
 Macgill, John Charles, Catonsville, Md.

Manning, John, Melrose Ave., Govans, Md.
 Martin, Wm. E., Harrisonville, Md.
 Massenburg, G. Y., Towson, Md.
 Mattfeldt, Charles L., Catonsville, Md.
 Mitchell, A. R., Monkton, Md.
 Monmonier, J. Carroll, Jr., Catonsville, Md.
 Naylor, Harry A., Pikesville, Md.
 Naylor, Henry L. P., Pikesville, Md.
 Niblett, W. S., Woodlawn, Md.
 Porter, Minor Gibson, Roland Park, Md.
 Price, Marshall Langton, Towson, Md.
 Queen, Wm. G., West Arlington, Md.
 Ruhl, Frank H., Lansdowne, Md.
 Runkel, J. G., Catonsville, Md.
 Sargent, George F., Towson, Md.
 Sloan, Martin F., Towson, Md.
 Smart, L. Gibbons, Lutherville, Md.
 Smink, A. C., Forest Park, Md.
 Smink, C. C., Lauraville, Md.
 Smith, William L., Rider, Md.
 Todd, William J., Mt. Washington, Md.
 Wade, J. Percy, Catonsville, Md.
 Wantz, Sherman R., Arlington, Md.
 Wells, C. J., Arlington, Md.
 Wells, Wm. D., Park Heights Ave., Arlington, Md.
 West, Marshall B., Catonsville, Md.
 Wilkinson, A. L., Raspeburg, Md.
 Wilson, James H., Fowblesburg, Md.
 Woodward, James S., Sparrows Point, Md.
 Wyse, Wm. P. E., Pikesville, Md.

Calvert County.

Briscoe, Philip, Mutual, Md.
 Chambers, George F., Lusby, Md.
 Coster, Earle S., Solomons, Md.
 Hinman, Ellsworth H., Lower Marlboro Md.
 King, Isaac N., Barstow, Md.
 Leitch, John W., Huntingtown, Md.
 Marsh, William H., Solomons, Md.
 Peterson, George, St. Leonards, Md.
 Talbot, William H., Willows, Md.
 Talbott, D. R., Dunkirk, Md.
 Wilson, Compton, Friendship, Md.

Caroline County.

Downes, James Raymond, Preston, Md.
 Fisher, Percy R., Denton, Md.
 Galloway, George F., Federalsburg, Md.
 George, ———— Denton, Md.
 Goldsborough, William W., Greensboro,
 Md.
 Madara, Jacob C., Ridgely, Md.
 Malone, Frederick R., Greensboro, Md.
 Nichols, Frederick N., Denton, Md.
 Phillips, James R., Preston, Md.
 Rowe, H. W. B., Hillsboro, Md.
 Silver, H. Fletcher, Goldsborough, Md.
 Smith, E. F., Ridgely, Md.
 Stone, S. S., Ridgely, Md.

Carroll County.

Bare, S. Luther, Westminster, Md.
 Benner, Chandos M., Taneytown, Md.
 Billingslea, James H., Westminster, Md.
 Birnie, Clotworthy, Taneytown, Md.
 Bott, M. L., Westminster, Md.
 Bromwell, John E., Ridgeville, Md.
 Brown, George H., New Windsor, Md.
 Brown, William Durbin, Union Bridge,
 Md.
 Bush, E. N., Hampstead, Md.
 Carey, Charles J., Sykesville, Md.
 Chaney, I. D., Mt. Airy, Md.
 Clark, Joseph Clement, Sykesville, Md.
 Coonan, Thomas J., Westminster, Md.
 Cronk, Abraham T., Westminster, Md.
 Cronk, Edwin D., Winfield, Md.
 Diller, Charles H., Detour, Md.
 Diller, Roland R., Detour, Md.
 Disbrow, G. W., Sykesville, Md.
 Fitzhugh, Henry M., Westminster, Md.
 Foutz, Charles R., Westminster, Md.
 Geatty, J. Sterling, New Windsor, Md.
 Hamilton, Claude D., Sykesville, Md.
 Heffenger, Clarence W., Sykesville, Md.
 Kemp, Luther, Uniontown, Md.
 Legg, T. H., Union Bridge, Md.
 Lucas, W. Frank, Sykesville, Md.
 Morris, John Norfolk, Sykesville, Md.
 Norris, Milton D., Sykesville, Md., R.
 F. D. No. 2.
 Purdum, H. D., Sykesville, Md.
 Seiss, F. H., Taneytown, Md.

Smith, J. G. F., Sykesville, Md.
 Snavelly, E. H., Essex Co. Hosp. for
 Insane, Cedar Grove, N. J.
 Sprecher, Daniel B., Sykesville, Md.
 Stewart, John J., Union Mills, Md.
 Waters, Somerset R., Watersville, Md.
 Watt, James, Union Bridge, Md.
 Weaver, John F. B., Manchester, Md.
 Wells, Robert F., Gambler, R. F. D., Md.
 Wetzel, G. Lewis, Union Mills, Md.
 Whitehill, Ira E., New Windsor, Md.
 Woodward, Lewis K., Westminster, Md.
 Ziegler, John S., Melrose, Md.

Cecil County.

Benson, C. I., Port Deposit, Md.
 Black, Robert M., Cecilton, Md.
 Bratton, Howard, Elkton, Md.
 Cantwell, H. A., North East, Md.
 Carrico, Camillus P., Cherry Hill, Md.
 Cawley, William D., Elkton, Md.
 Collins, Clarence B., North East, Md.
 Conrey, Thomas J., Chesapeake City,
 Md.
 Dare, George S., Rising Sun, Md.
 Fisher, Sam'l Groome, Jr., Port Deposit,
 Md.
 France, Joseph Irwin, Port Deposit, Md.
 Gifford, David L., North East, R. F. D.,
 Md.
 Gillespie, G. W., Rowlandville, Md.
 Housekeeper, Philip B., North East, Md.
 Jack, W. G., Liberty Grove, R. F. D. No.
 1, Md.
 Jamar, John Henry, Elkton, Md.
 Jenness, J. H., Rising Sun, Md.
 Laws, Clifton C., Chesapeake City, Md.
 Magraw, James F., Perryville, Md.
 Miller, Charles F., North East, Md.
 Mitchell, Henry Arthur, Elkton, Md.
 Richards, G. Hampton, Port Deposit,
 Md.
 Roman, Samuel T., Conowingo, Md.
 Rowland, Ernest, Liberty Grove, Md.
 Stump, Geo. M., Perryville, Md.
 Taylor, Leslie George, Perryville, Md.

Charles County.

Carrico, Louis C., Bryantown, Md.

Dorchester County.

Carroll, Victor C., Cambridge, Md.
 Frazier, L. G., Hurlock, Md.
 Goldsborough, Brice W., Cambridge, Md.
 Hanby, C. M., Cambridge, Md.
 Houston, William H., Fishing Creek, Md.
 Jones, E. A. P., Cambridge, Md.
 Jones, E. L., East New Market, Md.
 Maguire, C. F., Hurlock, Md.
 Meade, J. W., Jr., Fishing Creek, Md.
 Myers, George Roger, Hurlock, Md.
 Nichols, Harry F., East Newmarket, Md.
 Shriver, Joseph K., Jr., Taylors Island, Md.
 Smith, Benjamin L., Madison, Md.
 Steele, Guy, Cambridge, Md.
 Wolff, Eldridge E., Cambridge, Md.

Frederick County.

Beckley, Edwin Luther, Middletown, Md.
 Birely, Morris A., Thurmont, Md.
 Bowlus, E. L., Middletown, Md.
 Brawner, John B., Emmittsburg, Md.
 Brown, L. E., Frederick, Md.
 Browning, Ralph, Myersville, Md.
 Buck, Lewis A., Frederick, Md.
 Claggett, Samuel, Petersville, Md.
 Conley, Charles H., Adamstown, Md.
 Fahrney, Henry P., Frederick, Md.
 Fout, Raymond Claude, Kempton, Md.
 Goodell, Charles F., Frederick, Md.
 Goodman, James Monroe, Frederick, Md.
 Hedges, Frank Hill, Frederick, Md.
 Hedges, Henry Slicer, Brunswick, Md.
 Hendrix, John Oliver, Frederick, Md.
 Horine, Arlington G., Brunswick, Md.
 Hume, R. Caldwell, Adamstown, Md.
 Johnson, T. B., Frederick, Md.
 Johnson, Wm. Crawford, Frederick, Md.
 Kable, William H., Woodsboro, Md.
 Kefauver, E. C., Thurmont, Md.
 Liggett, John J., Ladiesburg, Md.
 Long, James A., Frederick, Md.
 McCurdy, Ira J., Frederick, Md.
 McKinney, D. F., Limekiln, Md.
 Neighbors, Eutaw D., Lewistown, Md.
 Pearre, M. S., Unionville, Md.
 Perry, Benjamin C., Urbana, Md.
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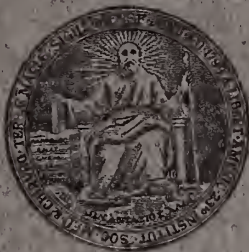
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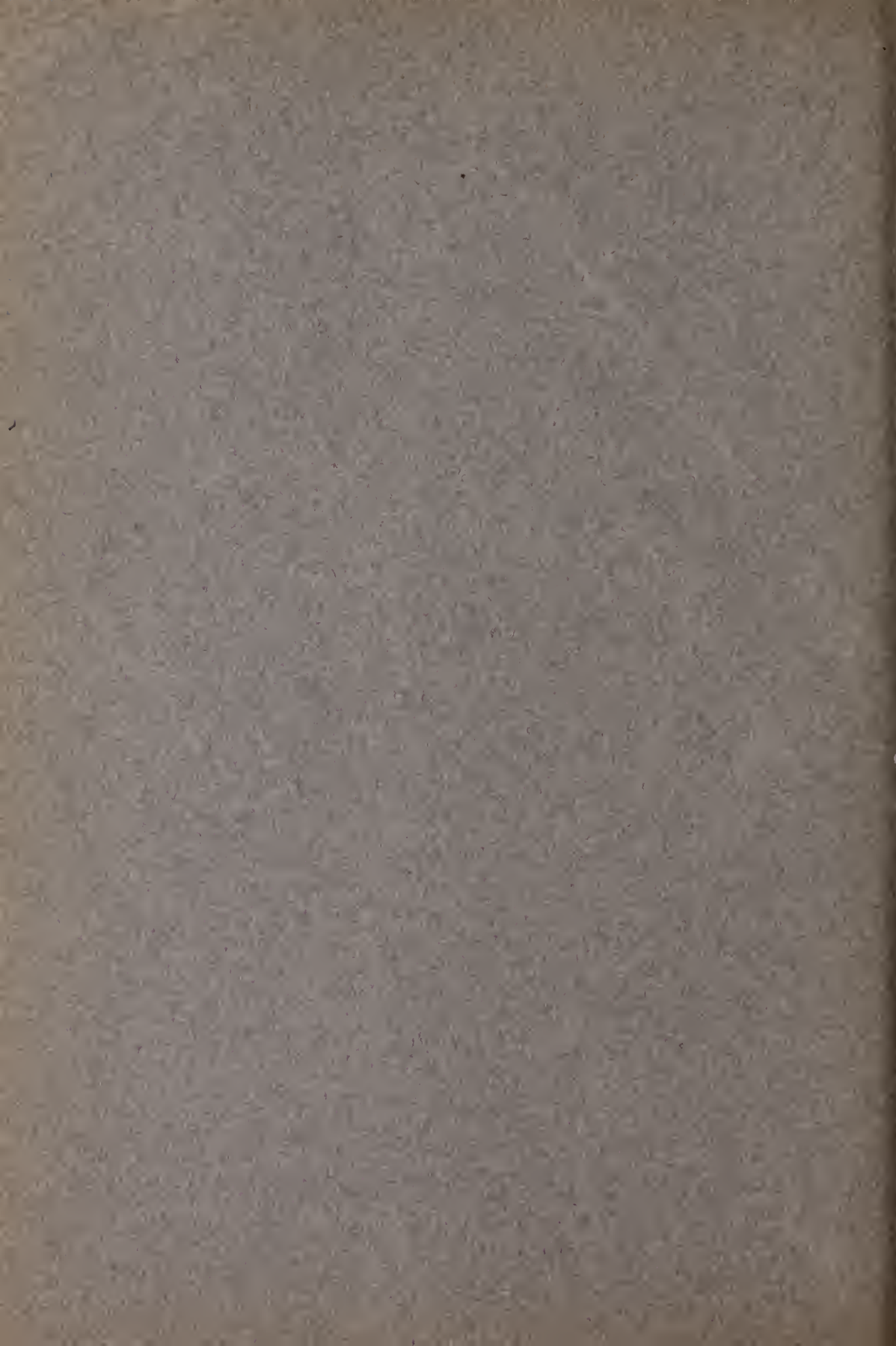
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HARFORD COUNTY MEDICAL SOCIETY. President, A. F. VAN BINNER, Belair, Md.; Secretary-Treasurer, Dr. CHARLES BAILEY, Bagley, Md.; Delegate, W. S. ARCHER. Second Wednesdays in January, March, May, July, September and November.

HOWARD COUNTY MEDICAL SOCIETY. President, W. C. STONE, Ellicott City, Md.; Secretary-Treasurer, W. L. CISSEL, Highland, Md.; Delegate, W. R. WHITE. Meetings (quarterly) first Tuesdays in January, April, July and October.

KENT COUNTY MEDICAL SOCIETY. President, H. G. SIMPERS, Chestertown, Md.; Secretary-Treasurer, F. B. HINES, Chestertown, Md.; Delegate, F. B. HINES.

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SOMERSET COUNTY MEDICAL SOCIETY. President, R. R. NORRIS, Crisfield, Md.; Secretary-Treasurer, H. M. LANFORD, Princess Anne, Md.; Delegate, C. W. WAINWRIGHT, First Tuesday in April at Crisfield; first Tuesday in October, at Princess Anne.

TALBOT COUNTY MEDICAL SOCIETY. President, SAMUEL TRIPPE, Royal Oak, Md.; Secretary-Treasurer, A. McC. STEVENS, Easton, Md.; Delegate, J. A. STEVENS. Annual meeting third Tuesday in November and semi-annual meeting third Tuesday in May.

WASHINGTON COUNTY MEDICAL SOCIETY. President, D. A. WATKINS, Hagerstown, Md.; Secretary, I. M. WERTZ, Hagerstown, Md.; Treasurer, W. B. MORRISON, Hagerstown, Md.; Delegate, J. W. HUMRICHOUSE, Second Thursdays of February, May, September and November.

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Information connected with Medical Examinations and licensure by addressing Secretary, J. McP. Scott, Hagerstown, Md.

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THE BULLETIN

OF THE

MEDICAL AND CHIRURGICAL FACULTY OF MARYLAND

PUBLICATION COMMITTEE

A. P. Herring, Editor.

John Ruhrah,

J. Staige Davis.

NOTE: The Publication Committee desires to receive suggestions from members of the Faculty that will in any way improve the Bulletin.

Vol. VI

BALTIMORE, JUNE, 1914.

No. 12

THE ARMY APPROPRIATION BILL AMENDMENT.

The Medical Library Association, which has its headquarters at the Faculty Building, had an opportunity to demonstrate its usefulness in taking up the question of the bill to transfer the Surgeon General's Library to the Library of Congress which would have carried with it the cessation of the *Index Catalogue* and incidentally the *Index Medicus*. This proposed change was included in the Army Appropriation Bill, and as soon as the facts were known the Association communicated at once with all its members, and urged them to write or telegraph their Senators and the Conference Committee explaining the importance to American medicine of the Library and the two publications just mentioned. From the replies it would seem that everyone responded at once, and it is to be hoped that this influence, and that from other sources, will effectually demonstrate the necessity of maintaining the integrity of the Library. We cannot refrain from quoting from the letter of Dr. Adami, of McGill University, to the Association:

As one who is not an American, may I say that it would be an international disaster were they to transfer the Library of the Surgeon General's Office to the Library of Congress, and the publication of the *Index Medicus* and *Index Catalogue* were brought to an end. It is difficult to realize of what service those two publications have been to Medicine the world over; or what has been the influence also to Medicine the world over, of the existence of the marvellously progressive Library of the Surgeon General's Office, and its service in bibliographical research. To merge it into a general library and deprive us of what is regarded everywhere as the model Medical Library, would effect untold harm to medical advance. I would go so far as to say that the outstanding service to medicine by the United States has been this Library with its publications, and the loss of prestige by the suggested step would be most severe.

This letter explains the general tone of almost all received. To scatter in a large general library the invaluable collection of medical works would

be little short of a crime and to cease the publication of the *Index Medicus* and the *Index Catalogue* would be to stop a labor that has meant more to the development of medical libraries, and to medical research, than one could adequately express. The prestige of American medicine abroad would suffer a tremendous blow, and any such move must be regarded as a decided step backward.

Several of the letters received contained expressions of surprise that the *Index Medicus* could be affected by any such measure. True, this is financed by the Carnegie Institution; but if the *Index Catalogue* were stopped it would be difficult to obtain the necessary information, and the expense greatly increased. The subscription price for the later volumes of the old series of the *Index Medicus* was \$25 and it was discontinued because that did not pay for the publication. The present subscription price must be very inadequate and only a few years ago word was sent out that there was a question as to whether the present series should be continued. Much of the information stored in our medical libraries would become useless for ready reference if this great key to all literature should be abandoned for any reason whatever.

We feel sure that the idea must have originated through misinformation or misapprehension, and we are glad to report that this pernicious movement was killed in the Conference Committee where it originated.

A NOVEL EDUCATIONAL EXHIBIT AT ATLANTIC CITY.

At the meeting of the American Medical Association, to be held in Atlantic City, June 22 to 26, the H. K. Mulford Company will exhibit motion picture films, made by them at great expense showing the different processes employed in the production of biological products.

This will be the first time to our knowledge that motion picture films have been used for showing the processes used in the production of biological products.

Not only do the films show the laboratory methods used but also the actual application of these preparations from the clinician's standpoint.

A short description is thrown on the screen before each process is shown, describing the pictures, so that they bear their own explanation.

Because of the fact that no suitable space could be secured in the exhibit hall, the H. K. Mulford Company have arranged, through the courtesy of the Chalfonte, to show these pictures in the auditorium on the main floor of this hotel. These films will be exhibited several times each day and arrangements are being made so they will not conflict with the general or special sessions of the meeting.

Next to visiting the Mulford laboratories at Glenolden, which is a trip that every physician should avail himself of, an inspection of these films will convey a clear idea of what it means to provide adequate equipment for the production of the various biological products, particularly Diphtheria and Tetanus Antitoxin, Typho-Bacterin and preparations for the prophylaxis and treatment of infectious and contagious diseases.

DEPARTMENT OF PUBLIC HEALTH INSTRUCTION.

CONDUCTED BY THE COMMITTEE ON PUBLIC INSTRUCTION OF THE
MEDICAL AND CHIRURGICAL FACULTY.



"We Must Fight-TOGETHER!"

THE NEW ERA IN WHICH THE MEDICAL PROFESSION AND LAITY JOIN FORCES
TO PROTECT THE PUBLIC BY PREVENTING DISEASE

FIRST AID LECTURES.

By request of the officials of the Children's Playground Association the Committee on Public Instruction has supplied instructors in First Aid, to four groups of Camp-Fire Girls, using a special six lecture course adapted from the regulation Red Cross course. Besides this series, Dr. H. H. Stansbury has had twenty-one of the Playground assistants under instruction using the Red Cross course and this class will take the Red Cross examination for the purpose of getting a Certificate of Proficiency.

A section of the Hospital Corps, Boys Brigade has also received the six

lecture course preparatory to going into camp later in the summer. Drs. W. L. Byerly, E. A. Looper, F. S. Lynn and A. H. Carroll were assigned to the Camp-Fire groups, Dr. A. Spearman taking charge of the boys belonging to the Hospital Corps.

When asking for volunteer lecturers in last month's issue, the Committee was by no means unmindful of the splendid service rendered by those members of the Faculty who have already contributed generously of their time and knowledge in this manner. With more than a thousand members it is unjust to expect a few to do all this work. It is a growing work and a work that is appreciated by all assemblies that have called upon the Committee for speakers. During the next month or two the number of calls for speakers will probably drop, but an effort is being made to supply the churches in suburban towns during these months, with speakers on hygienic subjects, so that a long list of names from which to make assignments is required. This invitation is cordially extended to County as well as to city members of the Faculty. The Committee is especially desirous of obtaining interesting thirty minute talks on the following subjects: (1) Influence of research work in preventing disease; (2) Health as a Public Asset; (3) Open Air Schools; (4) Relation of the Mouth, Throat and Nose to General Health; (5) Care of Eyes and Prevention of Blindness; (6) Preventable Accidents; (7) Food in Health and Sickness.

Short snappy articles of about 600 words on the "Care of Communicable Diseases" are also desired. Address all communications to the Secretary, 1211 Cathedral Street.

The loan which will be voted for or against next November and which is intended to be utilized in building a larger hospital for communicable diseases if obtained, may seem a long way off in the future at this time, but if the voters of Baltimore are to be the arbiters to decide the question of financing this needed addition to the Health Department's equipment, it will mean much effort upon the part of the medical profession to obtain a full and favorable vote for the loan. The taxpayer has to be taught the absolute necessity for the hospital as well as the fact that his tax rate is not to be raised abnormally through his vote for raising the money.

Members of the Medical and Chirurgical Faculty are thrown into direct and intimate professional relation with the majority of Baltimore voters, and it is through this relation that a strong influence can be exerted to obtain a favorable vote. The various civic organizations of the city can be depended upon to assist the profession in this matter providing it is brought to their attention long enough before election day to get the full value of their influence, and forcible speakers will be in demand to appear before such organizations to enlist their services, as well as supply newspaper articles pertinent to the subject.

SURGICAL REPAIR OF BLOOD-VESSELS.

By J. SHELTON HORSLEY, M.D.

Richmond, Va.

Blood-vessel surgery began with the first effort to staunch the flow of blood and is probably the most venerable of any branch of surgery. The first recorded case of the use of ligatures is mentioned by Warren in his monograph, *Healing of Arteries*, as occurring fifteen hundred years B. C. when according to Susrutas the umbilical cord was tied. Undoubtedly the Alexandrian school made considerable progress in the use of ligatures, but records of this work were probably lost when the library was burned. Celsus, who lived in the reign of Augustus Caesar about the beginning of the Christian Era and who was deeply versed in the Alexandrian school, referred to the use of the ligature in his seventh book. The tendency of modern times, however, has been to preserve organs and structures rather than to destroy them and with this in view the technique of suturing blood-vessels so as to maintain their lumen has arisen within the last two decades.

The marked attention that has been paid to surgery of the blood-vessels in recent years has excited unusual interest and has been the cause of many extravagant statements, particularly, as regards suturing blood-vessels. The sensational articles that have appeared in the public press have been to a large extent unwarranted, though the modern method of suturing blood-vessels has been a great advance in surgery. As is stated in a work by C. C. Guthrie, *Blood-Vessel Surgery*,

Heterografts succeed at first, but inevitably fail after the first few weeks. This is the disappointing but unanimous conclusion of experimentors. Thus there is, at present, no temptation for the enthusiastic surgeon to try and graft one lobe of the thyroid or a kidney taken from a healthy donor. The poor man will not be tempted to exchange one of his sound kidneys for so much hard cash.

The idea that a new limb can be transplanted and will remain useful, or that a kidney or thyroid can be grafted from one individual to another, is erroneous. These experiments even in animals have not been permanently successful. A kidney transplanted from one dog to another may functionate for awhile, but sooner or later the fine differences of serum and tissue destroy the organ and prevent ultimate success. However, while complicated glands cannot be transplanted, simpler tissue can often be permanently grafted from one animal to another, or particularly from one portion of an animal or person to another portion of the body. The simple function of a transplanted blood-vessel can be maintained and it is probable that at least the endothelial and connective tissue of the transplanted vessel is permanent.

The suturing of blood-vessels has five distinct fields aside from the older method of ligation.

1. The treatment of wounded blood-vessels. Here direct suture can be used, or if much of the vessel has been injured a segment of some vein from the patient's own body, as the saphenous, can be sutured into the defect.

2. In excision of malignant tumors that have heretofore been considered inoperable because of involvement of a large blood-vessel. A section of the vessel can be removed and the vessel repaired as after trauma.

3. Aneurisms can be treated in a similar way, though on account of the diseased condition of the vessel wall in spontaneous aneurisms, suturing is not likely to be quite so satisfactory here as in traumatic aneurisms. However, several successful cases have been reported after spontaneous aneurisms.

4. Transfusion of blood. This can be done by a variety of methods, but the union by sutures, if properly done, is probably the most satisfactory method of transfusing blood.

5. Reversal of the circulation in cases of threatened gangrene or disease of the artery.

The chief difficulty to overcome is occlusion by clotting and improvements in technique are intended to prevent an excessive amount of clotting. The physiology of thrombus formation is still rather vague, as it is impossible to isolate chemically some of the substances that are involved in this process and their presence has to be taken for granted in order to support a reasonable hypothesis. There are certain general reactions, however, that all physiologists agree to. The direct formation of a thrombus is due to the action of fibrin ferment on fibrinogen. Fibrinogen exists normally in blood plasma. Fibrin ferment is built up from various substances and is probably formed from the action of a thrombo-plastic substance, called by some thrombokinase, upon thrombogen in the presence of a solution of calcium salts. Thrombokinase is not a true kinase in the sense of acting solely as a ferment, for it is used up in the process of clotting. Thrombokinase is the key to the situation, and whether it acts directly, or indirectly, as Howell claims, by combining with anti-thrombin in the blood and thus liberating prothrombin (thrombogen), it nevertheless is essential to clotting and to a large extent regulates the quantity of thrombus. Thrombokinase is supposed to be present in all tissues of the body and also comes from disorganized blood corpuscles, particularly the platelets. It seems abundant in the adventitia of blood-vessels.

The practical bearing of these facts upon blood-vessel surgery is very evident, for thrombokinase can only be liberated from injured tissue

As the amount of clotting is directly proportionate to the amount of thrombokinase, it is readily seen that any undue injury to blood-vessels by rough handling, or by drying of the endothelial cells of the intima, or by the presence of too much foreign substance in the lumen, or by chemical or bacterial injuries, will result in the liberation of so much thrombokinase that excessive thrombus is formed and the vessel is occluded. Even the most successful suturing of blood-vessels is accompanied by some clotting, but a limited amount is essential as it serves to fill the punctures from the needle holes and to bridge over the line of contact. In successful vessel suturing, however, the injury is so slight that very little thrombokinase is released and consequently only a small amount of thrombus is formed, just enough to plug the punctures made by the needle and not enough to occlude the lumen.

We recognize, then, as the principles for successful blood-vessel surgery that a continuous surface of vascular endothelium must line the lumen and that as little injury as possible must be done this endothelium. The importance of presenting to the lumen of the vessel a continuous surface of vascular endothelium, is appreciated when we recall what has been learned in a somewhat coarser fashion by intestinal suturing. Here it is a well recognized principle, as it is in blood-vessel suturing, that the endothelial surfaces must be approximated accurately. In the case of the bowel, the endothelium is on the *outside*, and it is necessary to turn *in* a small flange or shelf to secure accurate apposition of the peritoneal endothelium. In blood-vessels the endothelium is on the *inside* and it is essential to turn *out* a flange in order to approximate the endothelial lining of the blood-vessel. The usual method of suturing blood-vessels consists in first placing three guy sutures and then whipping the edges of the vessel together by an overhand stitch. This necessarily cannot approximate the endothelial surface on the inside as accurately as would a mattress stitch which turns out a flange and compels the apposition of the intima. No one would think of suturing a bowel in a similar manner and claim that the peritoneum could be accurately brought together by merely whipping over the margins of the bowel wound as in suturing skin. If this cannot be done in intestinal surgery, the same thing holds equally in blood-vessel surgery.

The presence of foreign substances in the lumen of a blood-vessel promotes clotting. Some substances favor clotting more than others. A coating of vaseline or paraffin retards clotting. Other things being equal, however, the larger the amount of foreign substance or raw surface in the blood-vessel, the greater the likelihood of extensive clotting. A mattress suture which turns out a flange not only approximates the intima more accurately but leaves almost no thread exposed in the lumen, whereas,

the regular overhand stitch leaves a considerable amount of thread in the lumen. This is readily seen from the accompanying cut (fig. 1) which is reproduced from Guthrie's work on blood-vessel surgery and shows the inside of the vessel soon after being sutured by the usual method. The mattress suture which is parallel to the wound also secures a better hold upon the tissues than the overhand stitch which is at right angles to the wound and the mattress stitch is consequently less liable to cut (fig. 3). This is due to the fact that in the mattress suture the tension is more equally distributed along the whole loop of the stitch, whereas, in the overhand stitch the tension is concentrated at one point, that is at the end of the



Fig. 1



Fig. 2



Fig. 3

Fig. 1. This drawing, which is reproduced from Guthrie, shows the appearance of the lumen of a blood-vessel immediately after it is sutured by the method of Carrel. Note the large amount of thread exposed in the lumen.

Fig. 2. This drawing, also from Guthrie, shows the appearance of the lumen of a blood-vessel several weeks after successful suturing. The stitches have been covered by endothelium which is still partly transparent. The older the specimen the thicker and more opaque becomes the covering over the sutures until after several months the stitches are completely hidden from view. This is true of any method of suturing whether the mattress or overhand stitch is used. It is the first day or two after the suturing before the stitches are covered over that the amount of thread in the lumen is important. Sutures seem to work away from endothelial surfaces toward the lumen in case of the intestine and toward the surface in the case of blood-vessels.

Fig. 3. This drawing shows the eversion of the intima caused by the mattress stitch and the consequent absence of any raw surface left in the lumen of the vessel. Note the very small amount of thread left exposed to the blood current as compared with figure 1. Note also the strong grip that the loop of the mattress stitch has on the tissue.

suture farthest from the wound. This fact has been brought out by Lexer in the following case:

Lexer of Jena showed a case of ideal operation for aneurism and transplantation of the vessels. The patient was operated on according to the rules established by Lexer in 1907. To maintain the circulation in its normal channel, the spindle-shaped aneurism beginning above Poupart's ligament and extending below the arteria profunda was removed and the defect of the vessel repaired by the introduction of a piece of the saphenous vein, 18 cm. long. The wall of the artery markedly changed by arteriosclerosis allowed the threads of the running suture of Carrel to cut through. On the other hand, the continuous protruding mattress suture gave very good service: the thread not only held well but also prevented hemorrhage.¹

Asepsis in blood-vessel suturing should be as nearly perfect as possible, just as it should be in abdominal surgery, brain surgery, or bone surgery. If the tissues around the blood-vessels are infected no suturing can be expected to be satisfactory. Yet even in the presence of infection it is not invariably a failure, as I have one successfully sutured femoral artery in a dog in which the tissues around the vessel suppurated for several weeks. As a rule, however, infection will result in failure and the proper aseptic technic should be insisted upon. Particularly should dust infection be avoided. The operator should wear a mask over his mouth and the floor of the operating room should preferably be moist. In laboratory work the floor should be flushed with water an hour or two before operating. The manner of handling tissues is most important, for gentleness is an absolute essential. No matter how careful the aseptic technic, good results cannot be secured by one who uses the same methods of handling tissue in blood-vessel surgery as would be adopted in bone surgery. The vascular endothelium should not be permitted to dry and should not be touched with any instrument.

As for instruments, I use No. 16 straight needles threaded with 00000 twisted black silk. They are threaded with silk about 14 inches long and a single knot is tied on the eye of the needle to prevent it becoming unthreaded. The short end should be cut within half an inch of the needle to avoid unnecessary loose ends dangling about. Five of these threaded needles are run through a piece of gauze of double thickness about 2 inches wide and as long as the thread. This gauze is then placed in a small can or ointment jar that is one-third full of white vaseline. More vaseline is put over the gauze and the jar is fastened and sterilized. The needles are not removed until they are to be used, when they are taken from the gauze and the gauze, which is thoroughly impregnated with vaseline, is laid beneath the artery to protect it from the surrounding tissue. To

¹ *Journal of the American Medical Association*, May 10, 1913, p. 1474.

place the cobbler's stitch satisfactorily it is necessary to have an instrument called an arterial suture staff which I have devised in an effort to simplify the technic. This instrument consists of a small steel shaft which curves at one extremity into a shorter shaft. The long shaft, or handle is 6 inches long, and the short shaft is $1\frac{3}{4}$ inches long and is placed at an angle of about 55 degrees to the long shaft. The curved portion is flattened to form a spring. There are five buttons, one on the main shaft as close as possible to the curved spring, one at the extremity of the short shaft, one just below this, and two on the main shaft at points about opposite the buttons on the short shaft. These buttons hug the instrument

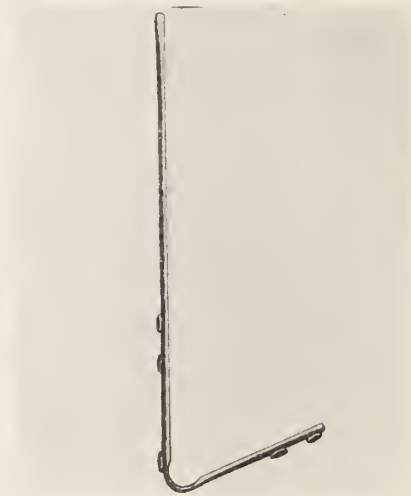


Fig. 4. The arterial suture staff. For description see text.

closely and are so constructed that the guy sutures are securely held by simply wrapping them twice around the buttons.²

In order to occlude the vessel, either a rubber covered Crile clamp is used, or the ordinary serrefine, or bull dog clamp, uncovered, which has a spring so weakened that the clamp can grasp the skin of the forearm without pain. The inside of the vessel should never be seized with forceps, through sometimes it is necessary to grasp the outside. For this purpose the ordinary thumb forceps called "frog forceps" by the instrument

² The arterial suture staff is made by the Kny-Scheerer Company, of New York. Powers and Anderson, Richmond, Virginia, keep in stock the staff and the set of instruments and sutures used in vessel suturing.

dealers and sold for biological dissection are excellent. Several mosquito hemostatic forceps are often needed. Aside from these special instruments, the usual instruments are employed. The knife and scissors should be sharp. The vessel is exposed, keeping the tissues as dry as possible. A serrefine is placed on the portion of the vessel nearest the heart, and the vessel is then gently grasped between the thumb and finger and stripped of blood to the other angle of the wound, where another serrefine is placed. This leaves the artery dry and flat like a ribbon. The vaselized gauze from which the needles have been removed is now placed beneath the vessel, after stopping all bleeding in the wound, and the artery divided with one stroke of sharp scissors. The fingers are wiped free of blood and moisture on a dry towel and the left finger and thumb grasp one of the ends of the artery rather firmly and pull the adventitia over its cut end. The adventitia is cut off on a level with the rest of the artery. It then retracts, leaving the middle and inner coats exposed. Any remaining clots in the vessel are stripped out with the thumb and finger and the end is held firmly between the thumb and finger of the left hand and sponged with dry gauze. As the artery is collapsed and its end held between the finger and thumb the gauze cannot touch the intima but merely wipes the wounded portion and so removes any excess of thrombokinase. The tip of a finger of the right hand is then dipped in white vaseline and the end of the artery is smeared over with vaseline immediately after being sponged. This serves to keep back any further juices from the severed artery and also prevents drying of the intima. The other end of the vessel is treated in the same manner. All of these manipulations are done rapidly for it is essential to complete the suturing as quickly as possible after the intima has been exposed. One of the sutures which has been prepared as directed is inserted from without inward at one end of the artery and from within outward at the other end. No more of the vessel wall should be grasped than is necessary to secure a fairly good hold. An artery is quite tough and a small bite will be sufficient. If too much is taken, the intima cannot be properly everted. The first loop of a knot is tied, bringing the ends of the vessel together. The second loop of the knot is tied while holding the ends of the suture taut, running the knot down in this manner so as to prevent the first loop from slipping. After tying this suture, the arterial suture staff is placed under the artery with the short shaft pointing toward the operator. The guy suture is fastened by wrapping it two or three times around the lowest button on the long shaft. The length of the suture from the button to the vessel should be about half an inch. The second suture is placed about one-third of the way around the circumference of the vessel and should be on the side away from the operator. The

suture staff can be laid flat so that the short shaft is not in the way and the vessel ends can rest upon the long shaft, thus making it easier to insert the second suture. The second suture is inserted and tied in a manner similar to the first and is wrapped around one of the upper buttons on the long shaft. The threaded end is left long for future suturing but the other end is cut close to the button. As the two guy sutures are now fixed to the long shaft, the third one is easily inserted by raising up the long shaft when the point of insertion of the third suture is indicated by the retraction of the margins of the artery. The needle is inserted at the apex of the retracted margin. After this suture is tied, the short shaft is slightly compressed toward the long shaft and this guy suture is wrapped around one of the buttons on the end of the short shaft. The threaded end is left long and the unthreaded end is cut close, as in the second suture. It is



Fig. 5. The three guy sutures have been placed and fastened to the buttons on the staff. The threaded ends from the last two sutures are left long for further suturing. The circumference of the vessel is made triangular and the intima is everted by the tension of the spring of the suture staff.

important to have no unnecessary ends hanging loose. The short shaft is released and the spring makes tension on the margins of the artery converting its circumference into a triangle, and everting the intima (fig. 5).

The three guy sutures are inserted in the same way when an artery is united to a vein of much larger caliber as when a divided artery is united. Sometimes it is a little more difficult when a small artery is united to a large vein, but after the guy sutures are inserted, the rest of the procedure is identical whether vessels of equal or unequal caliber are to be united. We now have two needles from the two guy sutures last inserted. A needle is taken in each hand and thrust through both margins of the artery in the region where the second suture was tied. The threaded needle from the

third guy suture at the end of the short shaft will, of course, carry a little loop of thread which is of no consequence. The instrument is lifted up so as to elevate the upper third of the wound and increase the eversion. The suture is then applied in the manner of the double mattress, or cobbler's stitch, going from the second guy suture to the third. At the angles particular care should be taken to go beneath the insertion of the guy sutures; otherwise, the tension of the guy sutures may produce a wound in the endothelium which would be exposed to the lumen of the vessel (fig. 6). After the first third has been sutured, the handle of the instrument is depressed away from the operator and the instrument shoved *toward the operator* so as to increase the eversion of this third of the margin of the vessel (fig. 7). The suturing is continued as a cobbler's stitch. When the second third is finished, the instrument is brought to its original position and each needle carried under the vessel so as to be ready for suturing



Fig. 6

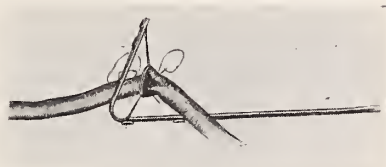


Fig. 7

Fig. 6. The handle of the staff is upright and the whole instrument is lifted up somewhat to increase the eversion of the intima. The continuous double mattress, or cobbler's stitch, has been started using the threaded ends from the last two guy sutures. The needles are thrust through the margins of the artery near the insertion of the second guy suture. The needles should be inserted at about right angles to each other so they can be handled better. The suturing in this third is done toward the operator, that is, from the second to the third guy suture.

Fig. 7. The handle of the staff is depressed until it is horizontal and points away from the operator. The whole instrument is shoved toward the operator so as to increase the eversion of the intima in the second third. The suturing is continued as a cobbler's stitch.

the last third. The handle is then depressed *toward* the operator and held in such a manner as to lift up the last third and *so* increase its eversion (fig. 8). The suturing is continued through the last third and when this is finished the staff is brought to its original position and the suturing carried about two stitches beyond the point of commence-

ment, where the threads are tied to each other. Each stitch must be drawn snugly when it is placed, else the intima will not be securely approximated and there will be leakage. In the carotid of a medium sized dog, about five stitches are put in each third of the artery. Sometimes, particularly in old dogs, retraction of the ends of the artery is marked and the sutures cannot be properly placed as they will tend to cut out or break under the tension. If the adventitia of the vessel is grasped with curved mosquito forceps about one and one-half inches from the severed ends, the two ends of the vessel can be shoved together by an assistant without tension on the sutures and without his hands being in the way of the operator. This is better than trying to approximate the ends by the serrefine clamps which may either come off or loosen and flood the vessel



Fig. 8



Fig. 9

Fig. 8. The handle of the staff is then brought over to a horizontal position pointing toward the operator. The instrument is lifted up so as to increase the eversion of the last third. The suturing is continued toward the second guy suture.

Fig. 9. The handle of the instrument is brought to a vertical position and the threads tied. The distal serrefine is slightly relaxed while the short shaft is pressed toward the long shaft so relaxing the tension of the spring. If any markedly spurting point is seen, an extra suture can be inserted.

with blood. After the suturing has been completed, the short shaft is slightly compressed toward the main shaft so as to relax the tension on the guy sutures and the *distal* clamp on the vessel is slowly released (fig. 9). If there is a marked spurting at any point, an extra suture should be placed there. With a little experience spurting rarely occurs, though there is usually oozing of a few drops of blood. The guy sutures are then cut and the instrument is removed. The sutured vessel is very gently compressed

with dry gauze and the distal clamp is entirely removed. After about a minute the proximal clamp is slowly removed. In this time the needle holes should be plugged with fibrin and there should be no leakage. The vessel must not be returned to its bed until leakage has ceased. The whole procedure of suturing the vessel, from the insertion of the guy sutures to the last stitch, can easily be done in from ten to fifteen minutes and often in less time. Any competent surgeon who tries this technic experimentally a few times can master it.

I have employed the technic described in transfusion of blood and experimentally. In transfusion of blood a vein should be selected near a

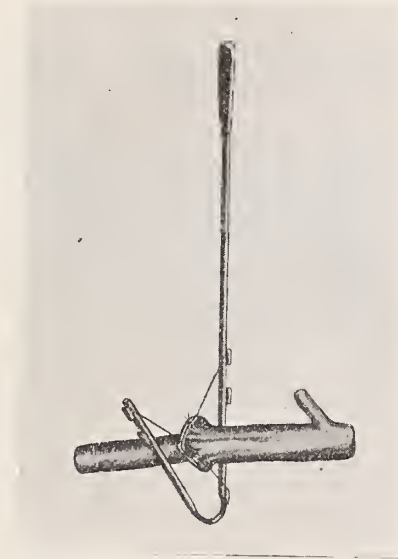


Fig. 10. This shows the method of suturing applied to transfusion of blood. On the right is a vein which is somewhat larger than the artery. The vein has a branch through which a smooth probe covered with vaseline can be inserted and carried up into the artery, if obstruction occurs. By pressing on the main trunk of the vein clots are blown out through the branch.

venous branch so that the line of sutures can be cleared with a probe if any obstruction forms, or the radial artery dilated if it contracts (fig. 10). The advantage of this method over a special appliance is marked. It has been used frequently in experimental work, in the transplantation of veins and in the substitution of a rubber tube for a section of blood-vessel that was removed. In one instance in which the abdominal aorta was resected, the dog recovered uneventfully and was alive and in good condition six months after the time of operation. He was then killed and

the specimen removed. The tube was found perfectly encapsulated with a layer of connective tissue continuous with the adventitia. It was, however, occluded but the occlusion had evidently been slow enough to permit collateral circulation to be established. While from an experimental standpoint, this is not as satisfactory as if the lumen of the tube had remained patent, clinically such a result might be said to be successful.

Lateral anastomosis of blood vessels is sometimes advisable in reversal of the circulation when an artery is united to a vein and the proximal end of the vein ligated, or in the creation of an Eck fistula experimentally, or in cirrhosis of the liver as has been attempted by several German surgeons, though the clinical results here have not been satisfactory. The technic of performing lateral anastomosis is much simplified by the employment of two clamps that will grasp the vessel to be anastomosed somewhat after the manner of performing a gastro-enterostomy (fig. 11). An Eck fistula



Fig. 11. Blood-vessel forceps for lateral anastomosis, or for operation on arterio-venous aneurism. Actual length five and a half inches.

can be easily made without the loss of blood and with accurate suturing by the employment of these clamps and uniting the vessels with a small needle and fine black silk. In suturing vein to vein there is not the same need of fine needles and fine silk as in suturing arteries where the pressure is greater. In operations for arterio-venous aneurisms where it is impossible to apply a tourniquet, one of these clamps may be slipped on the communicating portion of the artery and the other on the communicating portion of the vein. The point of union can then be divided with impunity and the opening in the vessels sutured. The wound in the artery should preferably be closed by the usual technic for arterial suturing, using if possible the cobbler's stitch with No. 16 needle and fine silk. If the wound is so inaccessible that a straight needle cannot be used the smallest size curved intestinal needle with No. 1 black silk may be satisfactory. As the artery is usually dilated just above the arterio-venous aneurism, it would be wise to diminish its calibre by a Halsted band or by a loosely tied large catgut ligature, and so relieve some of the tension on the arterial sutures.

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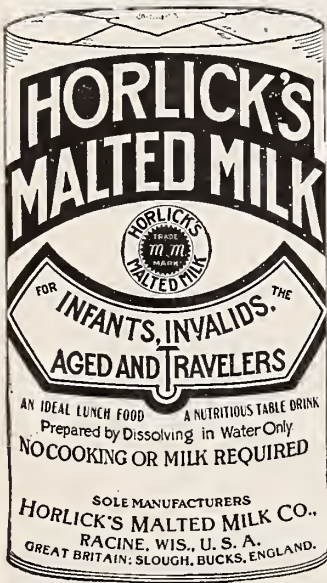
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